2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N04000000648

FILED Apr 30, 2007 Secretary of State

Entity Name: DOWNTOWN BUSINESS ALLIANCE, INC.

Current Principal Place of Business: New Principal Place of Business:

313 S MAGNOLIA AVENUE OCALA, FL 34474

Current Mailing Address: New Mailing Address:

POB 1971 PO BOX 1971 OCALA, FL 34478 OCALA, FL 34478

FEI Number: 06-1672437 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEBOLT, MARK C 606 SE 1ST AVENUE OCALA, FL 34471

OFFICERS AND DIRECTORS:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Name:

Address:

City-St-Zip:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete FRANCO, MICHAEL J HARRINGTON, MARIE Name: Name: Address: 313 S MAGNOLIA AVE Address: 128 SW BROADWAY STREET OCALA, FL 34472

City-St-Zip: OCALA, FL 34474 City-St-Zip:

Title: () Delete Title: (X) Change () Addition Name: HALE, TOKEII Name: GETSEE, MARY R

Address: 120 S MAGNOLIA AVE Address: 107 NE 1ST AVENUE City-St-Zip: OCALA, FL 34474 City-St-Zip: OCALA, FL 34471

Title: () Delete Title: (X) Change () Addition MANN, TIMOTHY Name: FRANCO, MICHAEL Name:

203 EAST SILVER SPGS BLVD 2159 SE 7TH TERRACE Address: Address: City-St-Zip: OCALA, FL 34471 City-St-Zip: OCALA, FL 34471

Title: (X) Delete Title: () Change () Addition

DEBOLT, MARK Name: 606 SE 1ST AVE Address: OCALA, FL 34471 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY R GETSEE Т 04/30/2007