## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

DOCUMENT # N9800000216  1. Entity Name TAMPA BAY HOSPITALITY ALLIANCE, INC.							01-22-2008 90067 015 ****70.00					
Principal Place of Business Mailing Address 109 N. BRUSH ST. P 0 BOX 3298 SUITE 400 TAMPA, FL 33602 TAMPA, FL 33602 US												
2. Principal P	Place of Business - No P.O. Box #	3. Mailing	3. Mailing Address						<b>36</b> 41 <b>46</b> 4 <b>63</b> 71 1		HIS 0 183	
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				01112008	Chg-NP	CR2E	037 (12/06)		
City & State		City &	City & State				FO 0547705			pplied For ot Applicable		
Zip	Country		Zip Co.		ntry	5. Certificate of Status Desi			· 🗹	\$8.75 Add Fee Require		
	6. Name and Address of Curre	ent Registered	Agent				7. Name and	Address of Nev	v Registered	Agent		
MORRISON, BOB 109 N. BRUSH ST. SUITE 400 TAMPA, FL 33602				-	Street Add							
				-	City	<i>o</i> ,	Lake	5	FI	Zip Cod	افي م	
	named entity submits this statementions of registered agent.	t for the purpos	e of changing its re	egistered	d office or r				Florida. I an	n femillar with,	and accept	
SIGNATURE	Kmi M. Boper K	in m b	muz - Exe	٠. Aı		S 44	ريد		Ия	80		
SIGNATURE	Signature, typed or printed name of registered a		ible. (NOTE: F	Registered	Agent signature	benuper er	when reinstating)	•	DATE			
SIGNATURE			9. Election Camp Trust Fund Co	Registered paign Fir	Agent signature nancing	penuper e	\$5.00 May E		Make chec	ck payable t		
10.	Signature, typed or printed name of registered as	gent and title if applica	9. Election Camp	Registered paign Fir	Agent signature nancing	re required	\$5.00 May I Added to Fees		Make chec lorida Depa	ck payable t ortment of S	tate	
	Signature, typed or printed name & registered as Filling Fee is \$81.25 Due by May 1, 2008	pent and title if applica	9. Election Camp	paign Firentribution 11.  TITLE NAME STREET	Agent signature	re required	\$5.00 May I Added to Fees	F	Make chec lorida Depa	ck payable t ortment of S	tate	
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12. I nereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. Horida Statutes. I turner certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPED OR PROTTED NAME OF BROWNING OFFICER OR DIRECTOR

1/17/0

1/17/08 913-717-3215 Date Daytine Proce 4