2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005086

Entity Name: NATIONAL HOUSE OF HOPE, INC.

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2036 36TH ST ORLANDO, FL 32839 **Current Mailing Address: New Mailing Address:** PO BOX 560503 2036 36TH ST ORLANDO, FL 32839 ORLANDO, FL 32856 FEI Number: 59-3740026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JSN FINANCIAL SERVICES, INC ANTOINE, ALTHEA J MS. 511 ELDRON AVE 2219 SAW PALMETTO LANE DELTONA, FL 32738 US ORLANDO, FL 32825 US 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: ALTHEA J ANTOINE 04/23/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DIR () Delete () Change () Addition MARTINEZ, KITTY Name: Name: 4398 NEW BROAD STREET Address: Address: City-St-Zip: ORLANDO, FL 32814 US City-St-Zip: Title: Title: (X) Change () Addition () Delete DORNBUSCH, RAY SECRETA Name: DORNBUSCH, RAY CHAIRMA Name: Address: 101 EAST BAY COURT Address: 101 EAST BAY COURT City-St-Zip: TRAVERSE CITY, MI 49686 US City-St-Zip: TRAVERSE CITY, MI 49686 US Title: () Delete Title: () Change () Addition TROLLINGER, SARA E PRESIDE Name: Name: Address: 2036 36TH STREET Address: City-St-Zip: ORLANDO, FL 32839 US City-St-Zip: () Delete Title: DIR Title: () Change () Addition Name: GABRI, DAVE TREASUR Name: 9714 GREEN ISLAND COVE Address: Address: City-St-Zip: WINDERMERE, FL 34786 US City-St-Zip: Title: () Delete Title: DIR () Change (X) Addition STAVER, MATHEW VICE CH Name: Name: 116 HAMLIN LANE Address: Address: ALTAMONTE SPRINGS, FL 32714 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition THOMAS, MIA SECRETA Name: Name: Address: Address: 215 CELEBRATION PLACE, SUITE 170 City-St-Zip: CELEBRATION, FL 34747 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SARA E. TROLLINGER DIR 04/23/2007