


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90208 041 ****61.25

DOCUMENT # N03000001943	
1. Entity Name HOPE INTERNATIONAL MENTORING CENTER, INC.	

Principal Place of Business 1001 IVES DIARY RD., SUITE 206 MIAMI, FL 33179	Mailing Address 1001 IVES DIARY RD., SUITE 206 MIAMI, FL 33179
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2. Principal Place of Business 1747 Van Buren Street	3. Mailing Address 1747 Van Buren Street
Suite, Apt. #, etc. 800	Suite, Apt. #, etc. 800

City & State Hollywood, FL	City & State Hollywood, FL
Zip 33020	Zip 33020
Country USA	Country USA



04272006 Chg-NP CR2E037 (4/06)

4. FEI Number 56-2347261		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
LAW OFFICES OF CRAIG M. DORNE, P.A. 407 LINCOLN RD., PENTH. SOUTHEAST MIAMI BCH, FL 33139		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

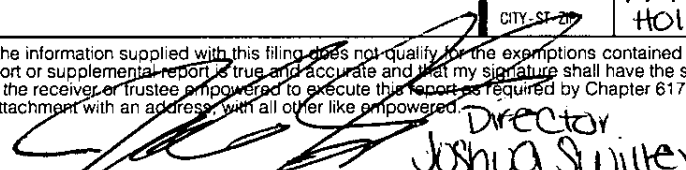
SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWILLEY, W. DUANE	NAME	
STREET ADDRESS	1001 IVES DIARY RD., SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWILLEY, DEBORAH L	NAME	
STREET ADDRESS	1001 IVES DIARY RD., SUITE 206	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWILLEY, JOSHUA E	NAME	Daniel Kurzweil
STREET ADDRESS	1001 IVES DIARY RD., SUITE 206	STREET ADDRESS	1747 Van Buren St. #800
CITY-ST-ZIP	MIAMI, FL 33179	CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Alan Dorne
STREET ADDRESS		STREET ADDRESS	1747 Van Buren St. #800
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Donald Jones
STREET ADDRESS		STREET ADDRESS	1747 Van Buren St. #800
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Marco Marraquin
STREET ADDRESS		STREET ADDRESS	1747 Van Buren St. #800
CITY-ST-ZIP		CITY-ST-ZIP	Hollywood, FL 33020

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Director
 Joshua Swilley 04/27/06 9549236435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #