2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N03000008666

Entity Name: HOPE SERVICES, INCORPORATED

Current Principal Place of Business:

26725 MIDDLEGROUND LOOP
WESLEY CHAPEL, FL 33544

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 7388
WESLEY CHAPEL, FL 33544

New Mailing Address:

FEI Number: 02-0703072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRAY, CINDY I
26725 MIDDLEGROUND LOOP
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: BRAY, CONRAD J
Address: 26725 MIDDLEGROUND LOOP
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: T/S ( ) Delete
Name: WEISSE, MARSHA
Address: P.O. BOX 13408
City-St-Zip: TAMPA, FL 33681 US

Title: DIR ( ) Delete
Name: CORN, TRAVIS
Address: 1111 N. WESTSHORE BLVD, SUITE 214
City-St-Zip: TAMPA, FL 33607 US

Title: DIR (X) Delete
Name: MCCORD, MICHAEL
Address: 35331 HEARTLAND DR.
City-St-Zip: DADE CITY, FL 33523 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DIR (X) Change ( ) Addition
Name: MCCORD, MICHAEL
Address: 35331 HEARTLAND DR.
City-St-Zip: DADE CITY, FL 33523

Title: ( ) Change ( ) Addition
Name:
Address:
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: CINDY IRENE BRAY DIR 01/18/2006

Electronic Signature of Signing Officer or Director — Date