

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 07, 2008  
Secretary of State

DOCUMENT# N06000012006

Entity Name: DROPS OF HOPE, INC.

**Current Principal Place of Business:**

4851 W HILLSBORO BLVD STE A-11  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

4851 W HILLSBORO BLVD  
SUITE A-11  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

4851 W HILLSBORO BLVD STE A-11  
COCONUT CREEK, FL 33073

**New Mailing Address:**

4851 W HILLSBORO BLVD  
SUITE A-11  
COCONUT CREEK, FL 33073

FEI Number: 20-5934734

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FISCHER, MICHAEL  
4851 W HILLSBORO BLVD STE A-11  
COCONUT CREEK, FL 33073 US

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

FISCHER, MICHAEL  
4851 W HILLSBORO BLVD  
SUITE A-11  
COCONUT CREEK, FL 33073 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: MICHAEL FISCHER

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUTZER, CHRISTINA  
Address: 732 EUCLID AVE #9  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: MIRKOW, DORI  
Address: 5021 IBIS PL  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: DELCARPIO, ROCIO  
Address: 1957 NW WILDWOOD LN  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FISCHER, MICHAEL  
Address: 4851 WEST HILLSBORO BLVD. SUITE A-11  
City-St-Zip: COCONUT CREEK, FL 33073

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

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

Title: D ( ) Change (X) Addition  
Name: BUTZER, CHRISTINA  
Address: 732 EUCLID AVE #9  
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHAEL FISCHER

D

01/07/2008

Electronic Signature of Signing Officer or Director

Date