2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N08000002080

Entity Name: CLOUDS OF HOPE, INC.

Current Principal Place of Business:

12504 RAIN FOREST STREET
TEMPLE TERRACE, FL 33617

New Principal Place of Business:

Current Mailing Address:

12504 RAIN FOREST STREET
TEMPLE TERRACE, FL 33617

New Mailing Address:

FEI Number: 26-2185807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLAIN, RENEE
12504 RAIN FOREST STREET
TEMPLE TERRACE, FL 33617 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: D ( ) Delete
Name: BLAIN, WALLY
Address: 12504 RAIN FOREST STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: LOWERY, CHRIS
Address: 12504 RAIN FOREST STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D ( ) Delete
Name: ENGLAND, REBECCA
Address: 12504 RAIN FOREST STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Delete
Name: KOOPER, JEFF
Address: 12504 RAIN FOREST STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: D (X) Delete
Name: SLATER, KYLEEN
Address: 12504 RAIN FOREST STREET
City-St-Zip: TEMPLE TERRACE, FL 33617

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WALLY BLAIN D 03/17/2009

Electronic Signature of Signing Officer or Director — Date