


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000004630			
1. Entity Name C/HP COVE, INC.			
Principal Place of Business 1500 SOUTHERN CROSS LANE BOYNTON BEACH, FL 33435 US		Mailing Address 1090 VERMONT AVENUE, N.W. SUITE 400 WASHINGTON, DC 20005 US	
DO NOT WRITE IN THIS SPACE			
		01052007 No Chg-NP CR2E037 (4/06)	
4. FEI Number 52-1949584		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	DP		
NAME	MEHRETA, GHEBRE S		
STREET ADDRESS	1090 VERMONT AVENUE., N.W. SUITE 400		
CITY-ST-ZIP	WASHINGTON, DC 20005		
TITLE	DV		
NAME	CORBETT, JOHN		
STREET ADDRESS	319 CLEMATIS STREET, SUITE 409		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	VPT		
NAME	GOLLUB, RICHARD A		
STREET ADDRESS	1090 VERMONT AVE., N.W., SUITE 400		
CITY-ST-ZIP	WASHINGTON, DC 20005		
TITLE	DVS		
NAME	WIEDORFER, JOSEPH P		
STREET ADDRESS	1090 VERMONT AVE., N.W., SUITE 400		
CITY-ST-ZIP	WASHINGTON, DC 20005		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: <u>Joseph P. Wiedorfer</u>		JOSEPH P. WIEDORFER 1/12/2007 202 789 5300	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	