
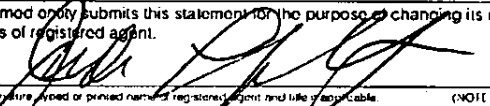
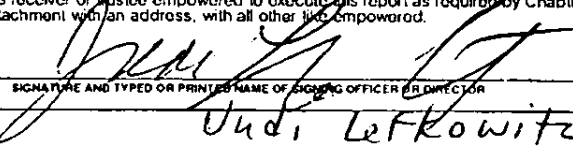


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90064 018 \*\*\*150.00

2/1

DOCUMENT # P05000117993			
1. Entity Name LL HOPE INC			
Principal Place of Business 7889 CAMERON CR FT MYERS FL 33912		Mailing Address PO BOX 07186 FORT MYERS FL 33919	
2. Principal Place of Business - No P.O. Box # 9400 Gladiolus Dr		3. Mailing Address	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc.	
City & State Ft. Myers, FL		City & State	
Zip 33908		Country USA	
4. FEI Number 20-3355054		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 <del>LUTKOFF, ANDY 7889 CAMERON CR FT MYERS, FL FL 33912</del>		7. Name and Address of New Registered Agent Name: Judi Lefkowitz Street Address (P.O. Box Number is Not Acceptable): <del>PO Box 07186</del> 9400 Gladiolus Dr #100 City: Ft. Myers, FL Zip Code: 33908	
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: 2/4/07			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: LUTKOFF, ANDY STREET ADDRESS: <del>7889 CAMERON CR</del> CITY-STATE-ZIP: <del>FT MYERS FL 33912</del>	<input type="checkbox"/> Delete	TITLE: NAME: Andy Lutkoff STREET ADDRESS: PO Box 07186 CITY-STATE-ZIP: Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: LEFKOWITZ, JUDI STREET ADDRESS: <del>7889 CAMERON CR</del> CITY-STATE-ZIP: <del>FT MYERS FL 33912</del>	<input type="checkbox"/> Delete	TITLE: NAME: Judi Lefkowitz STREET ADDRESS: PO Box 07186 CITY-STATE-ZIP: Ft. Myers, FL 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Judi Lefkowitz		DATE: 2/4/07 Date	