


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

<b>DOCUMENT # N02000001533</b> 1. Entity Name <b>HOPE MINISTRIES INTERNATIONAL, INC OF TAMPA,                  FLORIDA</b>	
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40089224

Principal Place of Business <b>1850 PROVIDENCE LAKE BLVD APT 106                  BRANDON, FL 33511 US</b>	Mailing Address <b>1850 PROVIDENCE LAKE BLVD APT 106                  BRANDON, FL 33511 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1850 PROVIDENCE LAKE BLVD</b> Suite, Apt. #, etc. <b>APT 104</b> City & State <b>BRANDON, FL</b> Zip <b>33511</b> Country <b>US</b>	3. Mailing Address <b>1850 PROVIDENCE LAKE BLVD</b> Suite, Apt. #, etc. <b>APT 104</b> City & State <b>BRANDON, FL</b> Zip <b>33511</b> Country <b>US</b>
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04072007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>MARTINEZ, ANALIA A                  1850 PROVIDENCE LAKE BLVD APT 104                  BRANDON, FL 33511</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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4. FEI Number <b>03-0411555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25                  Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, HUGO A			NAME			
STREET ADDRESS	11121 DINO CIR APT 32			STREET ADDRESS			
CITY-ST-ZIP	GARDEN GROVE, CA 92840			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CISTERNA, MARIA E			NAME			
STREET ADDRESS	11101 DINO CIR APT 32			STREET ADDRESS			
CITY-ST-ZIP	GARDEN GROVE, CA 92840			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FURLONG, GUILLERMO E			NAME	FURLONG, GUILLERMO E		
STREET ADDRESS	AVE LACROZE 2882, 3 PISO APT.C			STREET ADDRESS	1617 E. BALL RD.		
CITY-ST-ZIP	BUENOS AIRES ARGENTINA, 00 1430			CITY-ST-ZIP	ANAHEIM, 92805 CA, US		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMINGUEZ, DANIEL E			NAME			
STREET ADDRESS	MENDOZA 1381			STREET ADDRESS			
CITY-ST-ZIP	BUENOS AIRES ARGENTINA 1428, 00 1428			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELETE, DELETE 0			NAME			
STREET ADDRESS	DELETE			STREET ADDRESS			
CITY-ST-ZIP	DELETE, 00 00000			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORALES, ISAAC			NAME			
STREET ADDRESS	1850 PROVIDENCE LAKES BLVD APT 104			STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 33511			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: *[Signature]* 4/20/07 (714) 658-3068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #