

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738762

FILED
Jan 23, 2008
Secretary of State

Entity Name: NEW HOPE FOR KIDS, INC.

Current Principal Place of Business:

205 EAST SR 436
SUITE D
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

205 EAST SR 436
SUITE D
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 59-1791345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A.G. CO.
200 SOUTH ORANGE AVE. SUITE 2300
ORLANDO, FL 32801 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: VC () Delete
Name: NORI, DOMINIC
Address: 1515 INTERNATIONAL PKWY SUITE 2025
City-St-Zip: LAKE MARY, FL 32746

Title: PC () Delete
Name: WOOTEN, LAURA
Address: 633 N. ORANGE AVE MAILPOINT 159
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: BOUTTE, LENORA
Address: 1021 N. WYMORE RD.
City-St-Zip: WINTER PARK, FL 32789

Title: C () Delete
Name: GRUBER, BRIAN
Address: 707 MENDHAM BLVD., SUITE 200
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: JOSWICK, DAVID
Address: 205 E. SR 436
City-St-Zip: FERN PARK, FL 32730

Title: TR () Delete
Name: SOLLACCIO, JOE
Address: 633 N. ORANGE AVE.
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: NORI, DOMINIC
Address: 1515 INTERNATIONAL PKWY SUITE 2025
City-St-Zip: LAKE MARY, FL 32746

Title: VC (X) Change () Addition
Name: MICHAELS, PAT
Address: 8669 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

Title: S (X) Change () Addition
Name: MOOR, CAROLYN
Address: 2218 LAKESIDE DR.
City-St-Zip: ORLANDO, FL 32803

Title: PC (X) Change () Addition
Name: GRUBER, BRIAN
Address: 707 MENDHAM BLVD., SUITE 200
City-St-Zip: ORLANDO, FL 32825

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: DAVE JOSWICK

D

01/23/2008

Electronic Signature of Signing Officer or Director

Date