2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002789

Entity Name: BASKET OF HOPE, INC.

FILED Jan 18, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3558 S. JEFFERSON ST LOUIS, MO

Current Mailing Address: New Mailing Address:

P.O. BOX 510860 ST LOUIS, MO 63151

FEI Number: 43-1789081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALLAGHAN, RUSHTON 402 NORTH 4TH STREET JACKSONVILLE, FL 32250

OFFICERS AND DIRECTORS:

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

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

O'NEAL, TOM O'NEAL, TOM Name: Name: Address: 512 CLAYWORTH DR Address: P.O. BOX 510860 City-St-Zip: BALLWIN, MO 63011 City-St-Zip: ST. LOUIS, MO 63151

Title: VC Title: (X) Change () Addition () Delete Name: BRUNETTE, PAUL Name: BRUNETTE, PAUL

Address: 2801 BUCKFIELD CT Address: P.O. BOX 510860 City-St-Zip: ST LOUIS, MO 63129 City-St-Zip: ST LOUIS, MO 63151

Title: () Delete Title: (X) Change () Addition SEARS, MARK Name: SEARS, MARK Name:

24 ROCK WIND CT P.O. BOX 510860 Address: Address: City-St-Zip: O'FALLON, MO 63366 City-St-Zip: ST. LOUIS, MO 63151

Title: () Delete Title: D (X) Change () Addition

Name: PRITTS, MARCI Name: PRITTS, MARCI ONE CITY PLACE DR., STE 510 P.O. BOX 510860 Address: Address: City-St-Zip: ST LOUIS, MO 63141 City-St-Zip: ST LOUIS, MO 63151

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM O'NEAL **PRES** 01/18/2007