## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # F0700000153

1. Entity Name

A CHILD'S HOPE FUND CORPORATION

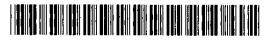


**FILED** Mar 20, 2008 08:00 A Secretary of State

Principal Place of Business

2532 ABEDUL ST. CARLSBAD, CA 92009 Mailing Address

P. O. BOX 131655 CARLBAD, CA 92013



02252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 95-3976258

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SDACE

				114	THIS SPACE
	tions of registered agent.				oth, in the State of Fiorida I am familiar with, and accept
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Registered	Agent signature	required when reinstaling)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financ Trust Fund Contribution.	cing	<b>\$5.00</b> May Be Added to Fees	U00000864973 04/07/08-80009-012 70.00
10.	OFFICERS AND D	IRECTORS			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD MACCOLLAM, JOEL 2532 ABEDUL ST. CARLSBAD, CA 92009 SD HANSON, DONALD E 1700 N. PASS AVE. BURBANK, CA 91505				
ITILE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	TD STRUTT, KIM 945 COUNTRY CLUB DR. BURBANK, CA 91501				NOT WRITE THIS SPACE

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:

CITY-ST-ZIP TITLE NAME STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

3-18-08 760-930-8001