


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K56572**  
1. Entity Name  
HOPE HEALTH & WELLNESS, INC.



Principal Place of Business      Mailing Address  
655 N MILITARY TRAIL      655 N MILITARY TRAIL  
SUITE 7      STE 7  
W PALM BEACH, FL 33405 US      WEST PALM BCH, FL 33415 US

**DO NOT WRITE IN THIS SPACE**



02022006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
65-0088713      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SINGER, MICHAEL S ESQ  
3801 PGA BLVD  
SUITE #802  
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

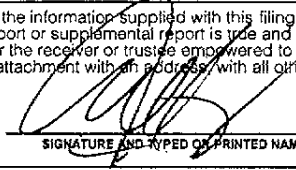
9. Election Campaign Financing Trust Fund Contribution        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HOPE, ANDREW P. 655N MILITARY TR #9 W PALM BEACH FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/15/06-80086-002 150.00

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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 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      Date      Daytime Phone #