

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56572

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** HOPE HEALTH & WELLNESS, INC.

**Current Principal Place of Business:**

655 N MILITARY TRAIL  
SUITE 7  
W PALM BEACH, FL 33405 US

**New Principal Place of Business:**

**Current Mailing Address:**

655 N MILITARY TRAIL  
STE 7  
WEST PALM BCH, FL 33415 US

**New Mailing Address:**

**FEI Number:** 65-0088713      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SINGER, MICHAEL S ESQ  
3801 PGA BLVD  
SUITE #604  
PALM BEACH GARDENS, FL 33410 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: PD  
Name: HOPE, ANDREW P  
Address: 655 N MILITARY TR #9  
City-St-Zip: W PALM BEACH, FL 33415

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW P. HOPE

PD

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date