2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113719

Entity Name: NEW HOPE FELLOWSHIP, LLC

FILED Jul 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1507 N. HWY US ONE 4650 HWY 524 COCOA, FL 32922 COCOA, FL 32926 **Current Mailing Address: New Mailing Address:** 4650 HWY 524 COCOA, FL 32926 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRISTIAN, JAMES L 4650 HWY 524 COCOA, FL 32926 US 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete CHRISTIAN, JAMES L Name: Name: 4650 HWY 524 Address: Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition POSSINGER, RAY Name: Name: Address: 265 N. BURNETT ROAD Address: City-St-Zip: COCOA, FL 32926 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KINNEY, MATT Name: Name: 4820 MEADOW GREEN RD Address: Address: City-St-Zip: MIMS, FL 32754 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CHRISTIAN, DOUG Name: CHRISTIAN, DOUG 301 TURBRIDGE DR. 301 TUNBRIDGE DR. Address: Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: MGRM () Change (X) Addition SPRAGUE, JOSH Name: Name: 1191 A STREET Address: Address: City-St-Zip: City-St-Zip: COCOA, FL 32922 Title: () Delete Title: () Change (X) Addition KINNEY, CHRISTINA Name: Name: Address: Address: 4820 MEADOW GREEN ROAD MIMS, FL 32754 City-St-Zip: 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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES L CHRISTIAN MGR 07/19/2007