2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001769

FILED Feb 22, 2008 Secretary of State

Entity Name: RAINBOW OF HOPE-DREAM CENTER, INC.

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

11440 LINCOLN BLVD MIAMI, FL 33176 US

Current Mailing Address: New Mailing Address:

11440 LINCOLN BLVD MIAMI, FL 33176

FEI Number: 65-1130207 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:

SJO ASSOCIATES
7 PALMS PLAZA
SUITE 7-349
SJO ASSOCIATES
15260 SW 280 ST
SUITE 206

HOMESTEAD, FL 33030 US HOMESTEAD, FL 33032 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: 02/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO () Delete Title: () Change () Addition

 Name:
 MALONE, CARLOS L BIS SR
 Name:

 Address:
 14440 LINCOLN BLVD
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

Title: D () Delete Title: T/S (X) Change () Addition Name: BECKFORD, JANITA Name: JOHNSON, STEPHANYE

Address: 11440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176 US
Address: 11440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176 US
MIAMI, FL 33176 US

Title: D () Delete Title: VP (X) Change () Addition Name: GARNETT, ROBERT Name: MERIT, PATRICK

 Name:
 GARNETT, ROBERT
 Name:
 MERIT, PATRICK

 Address:
 12634 SW 211 TERRACE
 Address:
 11401 SW 147TH STREET

 City-St-Zip:
 MIAMI, FL 33177
 City-St-Zip:
 MIAMI, FL 33176 US

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

 Name:
 MERIT, PATRICK
 Name:

 Address:
 11401 SW 147TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33176 US
 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 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: CARLOS L MALONE CEO 02/22/2008