
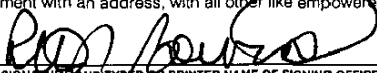


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90401 011 ****70.00

DOCUMENT # N00000001822					
1. Entity Name HISTORY, HERITAGE AND HOPE FOUNDATION, INC.					
Principal Place of Business 55 5TH ST. S. ST. PETERSBURG, FL 33701			Mailing Address 55 5TH ST. S. ST. PETERSBURG, FL 33701		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3643874	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE., STE. 3000 MIAMI, FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	P
NAME	LOEBENBERG, WALTER			NAME	Robert Ko Kal
STREET ADDRESS	7834 9TH AVE. S.			STREET ADDRESS	410 Raymond James Ct
CITY-ST-ZIP	ST. PETERSBURG, FL 33707			CITY-ST-ZIP	850 Battalion Way St. Petersburg, FL 33716
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D/T
NAME	MARTIN, PAUL			NAME	RAIPH Mizrahi
STREET ADDRESS	P.O. BOX 31963			STREET ADDRESS	7011 mango AVE S.
CITY-ST-ZIP	KNOXVILLE, TN 379301963			CITY-ST-ZIP	St. Petersburg, FL 33707
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D
NAME	EPSTEIN, AMY			NAME	Allan Allweiss Esq.
STREET ADDRESS	9005 BAYWOOD PARK DR.			STREET ADDRESS	28 Paradise Lane
CITY-ST-ZIP	SEMINOLE, FL 33777			CITY-ST-ZIP	TREASURE Island, FL 33706-1129
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 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: 				4-19-06 727-820-0100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

40057841



04192006 Chg-NP CR2E037 (11/05)