2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2008
Secretary of State

DOCUMENT# N00000004669

Entity Name: A DOOR OF HOPE PROJECT, INC.

Current Principal Place of Business:

985 NEWFOUND HARBOR DR
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

PO BOX 542924
MERRITT ISLAND, FL 32954

New Mailing Address:

FEI Number: 59-3662128 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAWKINS, CAROLYN
985 NEWFOUND HARBOR DR
MERRITT ISLAND, FL 32952 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: D ( ) Delete
Name: ARMAND, MICHELLE E
Address: P O BOX 542924
City-St-Zip: MERRITT ISLAND, FL 32954

Title: D ( ) Delete
Name: HAWKINS, CAROLYN
Address: 985 NEWFOUND HARBOR DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete
Name: SHORT, TIMOTHY
Address: 607 MAIN STREET
City-St-Zip: WARRENTON, NC 27589

Title: D ( ) Delete
Name: COEN, RICHARD
Address: 1302 CO RD 200 E
City-St-Zip: NEOGA, IL 62447

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MICHELLE ARMAND DIR 05/24/2008
Electronic Signature of Signing Officer or Director — Date