2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N00000004942

Entity Name: H.O.P.E. HUMAN RESOURCE DEVELOPMENT, INC.

Current Principal Place of Business:

2305 SHERIDAN STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2305 SHERIDAN STREET
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-1027577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONEY, LATONYA
2301 SHERIDAN ST.
HOLLYWOOD, FL 33020 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:	JOHNSON, CONNAIL	
Address:	2240 NW 171ST TERRACE	
City-St-Zip:	CAROL CITY, FL 33156	
Title:	D	( ) Delete
Name:	JOHNSON, PATRICIA S	
Address:	2301 SHERIDAN ST.	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	KING, FAYE	
Address:	2301 SHERIDAN ST.	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	GRAHAM, TERESA	
Address:	2301 SHERIDAN ST.	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	WILSON, CECELIA	
Address:	2301 SHERIDAN STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	
Title:	D	( ) Delete
Name:	BASS, BETTIE	
Address:	2301 SHERIDAN STREET	
City-St-Zip:	HOLLYWOOD, FL 33020	

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:	
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: CONNAIL JOHNSON P 04/30/2007

Electronic Signature of Signing Officer or Director — Date