2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N00000005274

Entity Name: PLACE OF HOPE INTERNATIONAL, INC.

Current Principal Place of Business:

5343 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5343 NORTHLAKE BLVD.
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 65-1030972 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLINS, THOMAS D
5343 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33418 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: P ( ) Delete
Name: ABDELLA, LEO F MR.
Address: 5343 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: STD ( ) Delete
Name: MULLINS, TODD MR
Address: 5343 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: VPD ( ) Delete
Name: WOERNER, LARRY J MR
Address: 777 S. FLAGLER DRIVE, SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CD ( ) Delete
Name: MULLINS, THOMAS D MR
Address: 5343 NORTHLAKE BLVD.
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: THOMAS MULLINS CD 04/26/2009

Electronic Signature of Signing Officer or Director — Date