2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N00000006565

Entity Name: NEW HOPE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

6031 DUVAL STREET
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6031 DUVAL STREET
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 31-1738285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, PHILIP
6031 DUVAL STREET
HOLLYWOOD, FL 33024 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: PD ( ) Delete
Name: THOMAS, PHILIP
Address: 6031 DUVAL STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: VD ( ) Delete
Name: KURIAKOSE, JOJI
Address: 10282 SW 59TH ST
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: SD ( ) Delete
Name: MAURER, DAVID
Address: 6021 DUVAL STREET
City-St-Zip: HOLLYWOOD, FL 33024

Title: TD ( ) Delete
Name: BINEESH, JACOB K
Address: 5100 SOUTHWEST 166 AVENUE
City-St-Zip: SOUTHWEST RANCHES, FL 33331

Title: D ( ) Delete
Name: THOMAS, REBECCA
Address: 6031 DUVAL STREET
City-St-Zip: HOLLYWOOD, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: JACOB, BINISH K
Address: 5100 SW 166 AVENUE
City-St-Zip: SOUTH WEST RANCHES, FL 33331

Title: TD (X) Change ( ) Addition
Name: JACOB, JASON
Address: 6021 DUVAL STREET, #1
City-St-Zip: HOLLYWOOD, FL 33024

Title: D (X) Change ( ) Addition
Name: MAURER, DAVID
Address: 6021 DUVAL STREET, #5
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILIP THOMAS PD 02/22/2007

Electronic Signature of Signing Officer or Director — Date