2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N01000000842

Entity Name: PROJECT H.O.P.E. INC.

Current Principal Place of Business:

4875 43RD AVE.
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4875 43RD AVE.
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 59-3739693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURSON, HENRY
4875 43RD AVE
VERO BEACH, FL 32967 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:	COBD	( ) Delete
Name:	BURSON, HENRY JR.	
Address:	4545 38TH AVE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	D	( ) Delete
Name:	SHAFER, JAMES DR	
Address:	1155 35TH LN	
City-St-Zip:	VERO BEACH, FL	
Title:	D	( ) Delete
Name:	STEWART, CALMAN	
Address:	2410 7TH COURT S.W.	
City-St-Zip:	VERO BEACH, FL 32962	
Title:	D	( ) Delete
Name:	STETLER, LARRY	
Address:	6155 S MIRROR LAKE DRIVE	
City-St-Zip:	SEBASTIAN, FL 32958	
Title:	ACOB	( ) Delete
Name:	HART, DENNY	
Address:	4260 47TH PLACE	
City-St-Zip:	VERO BEACH, FL 32967	
Title:	D	( ) Delete
Name:	COLLEN, JAEUES	
Address:	16353 RD COURT SW	
City-St-Zip:	VERO BEACH, FL 32962	

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: HENRY BURSON COBD 04/30/2007

Electronic Signature of Signing Officer or Director — Date