2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2005
Secretary of State

DOCUMENT# N01000002191

Entity Name: ISLANDS OF HOPE, INC.

Current Principal Place of Business:

1 BOCA CIEGA POINT BLVD
#106
SAINT PETERSBURG, FL 33708

New Principal Place of Business:

Current Mailing Address:

1 BOCA CIEGA POINT BLVD
#106
SAINT PETERSBURG, FL 33708

New Mailing Address:

FEI Number: 65-1084742 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADDOX, RUTH MCGEE
1 BOCA CIEGA POINT BLVD
#106
SAINT PETERSBURG, FL 33708 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:	MADDOX, CHRIS	
Address:	1 BOCA CIEGA POINT BLVD #106	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	D	( ) Delete
Name:	MADDOX, RUTH	
Address:	1 BOCA CIEGA POINT BLVD #106	
City-St-Zip:	SAINT PETERSBURG, FL 33708	
Title:	D	( ) Delete
Name:	ESCOBAR, NOEL	
Address:	4420 S.W. 77TH AVENUE	
City-St-Zip:	DAVIE, FL 33328	
Title:	D	( ) Delete
Name:	KYRIAKOPOULOS, NICK A	
Address:	12164 N W 34TH STREET	
City-St-Zip:	SUNRISE, FL 33323	
Title:	D	( ) Delete
Name:	TOLEDO, EDWIN	
Address:	7842 N.W. 1ST COURT	
City-St-Zip:	MARGATE, FL 33063	

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:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRIS H MADDOX PRES 02/27/2005

Electronic Signature of Signing Officer or Director — Date