2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008974

Entity Name: LINKS OF HOPE, INC.

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3735 N. INDIAN RIVER DR. COCOA, FL 32926				1535 N. COGSWELL ST. SUITE C-20 ROCKLEDGE, FL 32955			
Current Mailing Address:				New Mailing Address:			
3735 N. INDIAN RIVER DR. COCOA, FL 32926			1535 N. COGSWELL ST. SUITE C-20 ROCKLEDGE, FL 32955				
FEI Number:	01-0553077	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Ad						New Registered Agent:	
MCDOWELL, JOSEPH 3735 N. INDIAN RIVER DR. COCOA, FL 32926 US				MCDOWELL, REV JOSEPH L 1535 N. COGSWELL ST. SUITE C-20 ROCKLEDGE, FL 32955 US			
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: JOSEPH L MCDOWELL						04/25/2008	
	Electronic	Signature of Registered Ager	nt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	S () E GERVAIS, REV L 1731 HAMILTON PALM BAY, FL 3	AVE., SW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V ()E HARRIS, REV NA 2729 LIPSCOMB MELBOURNE, FL	STREET		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()EROOTSEY, CARO 718 SPANISH CO MELBOURNE, FL	OVE DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () [KING, JEFFREY 151 W LEON STI COCOA BEACH,			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () C CHAFFIOT, ROB 8 RIVER RIDGE ROCKLEDGE, FI	DR.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E YOUNG, REV PA 6526 ABERDEEN COCOA, FL 329	I AVE.		Title: Name: Address: City-St-Zip:	D (X ROBINSON, R 223 ACORN S TITUSVILLE, F	ST.	

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: JOSEPH L MCDOWELL ED 04/25/2008