2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# N02000001767

Entity Name: HANDS OF HOPE, INC.

Current Principal Place of Business:

10621 N KENDALL DRIVE
SUITE 113
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

1207 WASHINGTON AVE
MARSHALL, TX 75670 62

New Mailing Address:

FEI Number: 01-0611064 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARRY K HOOPER CPA PA
10621 N KENDALL DRIVE
SUITE 113
MIAMI, FL 33176 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:	TD	( ) Delete
Name:	HOOPER, LARRY K	
Address:	10621 N KENDALL DRIVE, SUITE 113	
City-St-Zip:	MIAMI, FL 33176	
Title:	PD	( ) Delete
Name:	BARRETT, MICHAEL	
Address:	132 SCOPENA CIR.	
City-St-Zip:	BOSSIER CITY, LA 71112	
Title:	VP	( ) Delete
Name:	BUSKIRK, DAVID V	
Address:	414 ESTHER ST.	
City-St-Zip:	MARSHALL, TX 75672	
Title:	SD	( ) Delete
Name:	DRANTZ, DOUG	
Address:	107 DICKSON ST.	
City-St-Zip:	MARSHALL, TX 75670	

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: LARRY K. HOOPER TD 04/23/2008

Electronic Signature of Signing Officer or Director — Date