

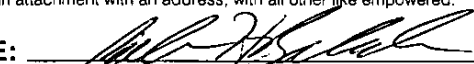


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90565 010 ****61.25

DOCUMENT # N02000002230			
1. Entity Name DIEU EST NOTRE ESPOIR, INC.			
Principal Place of Business C/O THE BABCOCK COMPANY 8350 NW 52 TERRACE #107 MIAMI, FL 33166		Mailing Address C/O THE BABCOCK COMPANY 8350 NW 52 TERRACE #107 MIAMI, FL 33166	
2. Principal Place of Business 9200 S. Dadeland Blvd. Suite, Apt. #, etc. Suite #103 City & State Miami FL Zip 33156		3. Mailing Address 9200 S. Dadeland Blvd. Suite, Apt. #, etc. Suite #103 City & State Miami FL Zip 33156	
02242005		Chg-NP CR2E037 (10/03)	
4. FEI Number 30-0078509		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BABCOCK, CALVIN H 8350 NW 52 TERRACE SUITE 107 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9200 S. Dadeland Blvd. Suite #103 City Miami FL Zip Code 33156	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-11-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BABCOCK, CALVIN H 8350 NW 52 TERRACE #107 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9200 S. Dadeland Blvd. #103 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORCINVIL, GUEILLANT 8350 NW 52 TERRACE #107 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9200 S. Dadeland Blvd. #103 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-VD- BABCOCK, BECKY S 8350 NW 52 TERRACE #107 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9200 S. Dadeland Blvd #103 Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, CHARLES M III 8350 NW 52 TERRACE #107 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9200 S. Dadeland Blvd #103 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMAR, OLIVIA 8350 NW 52 TERRACE #107 MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9200 S. Dadeland Blvd #103 Miami FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, JOHN 8350 NW 52ND TERR STE 107 MIAMI, FL 33166 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 4-11-05 305-599-2780	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	