


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002230	
1. Entity Name DIEU EST NOTRE ESPOIR, INC.	

Principal Place of Business 9200 S DADELAND BLVD SUITE 103 MIAMI, FL 33156	Mailing Address 9200 S DADELAND BLVD SUITE 103 MIAMI, FL 33156
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01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 30-0078509	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BABCOCK, CALVIN H 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>U00000594831 01/23/07-80015-011 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BABCOCK, CALVIN H 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DORCINVL, GUEILLANT 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BABCOCK, BECKY S 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOOD, CHARLES M III 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMAR, OLIVIA 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1-9-07** **305-599-2780**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #