2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N02000002230

1. Entity Name

*

DIEU EST NOTRE ESPOIR, INC.



Principal Place of Business

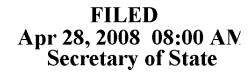
9200 S DADELAND BLVD

SUITE 103 MIAMI, FL 33156 Mailing Address

9200 S DADELAND BLVD

SUITE 103

MIAMI, FL 33156





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04162008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 30-0078509 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BABCOCK, CALVIN H 9200 S DADELAND BLVD, STE 103 MIAMI, FL 33156

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	enamed entity submits this statement for the purpose of charions of registered agent.	anging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE

Filing Fee is \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees

U000000925116 05/20/08-80012-024 61.25

Due by May 1, 2008 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS STD TITLE NAME BABCOCK, CALVIN H STREET ADDRESS 9200 S DADELAND BLVD, STE 103 CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME DORCINVIL, GUEILLANT STREET ADDRESS 9200 S DADELAND BLVD, STE 103 CITY-ST-ZIP MIAMI, FL 33156 HILLE NAME BABCOCK, BECKY S STREET ADDRESS 9200 S DADELAND BLVD, STE 103 CITY-ST-ZIP MIAMI, FL 33156 NAME HOOD, CHARLES M III STREET ADDRESS 9200 S DADELAND BLVD, STE 103 CITY-ST-ZIP MIAMI, FL 33156 NAME HAMMAR, OLIVIA STREET ADDRESS 9200 S DADELAND BLVD, STE 103 CITY - ST - ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-7IP

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental proort 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 his 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 wit

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR