2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N02000004664

Entity Name: INTERHOPE, INC.

Current Principal Place of Business:

2817-C STONEWAY LANE
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

1837 SOUTH FEDERAL HWY
STUART, FL 34994 US

New Mailing Address:

FEI Number: 04-3678866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINSON, THAD H III
2817-C STONEWAY LANE
FORT PIERCE, FL 34982 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:	ED	( ) Delete
Name:	WILKINSON, THAD H III	
Address:	2817-C STONEWAY LANE	
City-St-Zip:	FORT PIERCE, FL 34982 US	
Title:	SD	( ) Delete
Name:	MORRIS, SALLY A	
Address:	2817-C STONEWAY LANE	
City-St-Zip:	FORT PIERCE, FL 34982 US	
Title:	CD	( ) Delete
Name:	HERNANDEZ, RAYMOND	
Address:	10019 GENTLE POINT	
City-St-Zip:	SAN ANTONIO, TX 78254 US	
Title:	D	( ) Delete
Name:	HERNANDEZ, LESLIE S	
Address:	10019 GENTLE POINT	
City-St-Zip:	SAN ANTONIO, TX 78254 US	

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 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 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: THAD H WILKINSON III ED 04/27/2005

Electronic Signature of Signing Officer or Director — Date