

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004664

FILED
Apr 26, 2007
Secretary of State

Entity Name: INTERHOPE, INC.

Current Principal Place of Business:

671 NW STANFORD LANE
PORT ST. LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

1837 SOUTH FEDERAL HWY
SUITE 150
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
671 NW STANFORD LANE
PORT ST. LUCIE, FL 34983 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: 671 NW STANFORD LANE
City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: SD () Delete
Name: MORRIS, SALLY A
Address: 671 NW STANFORD LANE
City-St-Zip: PORT ST. LUCIE, FL 34983 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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: AD () Change (X) Addition
Name: PATRICK, MACRAMEY
Address: 244 SAN FRANCISCO DE LOS RIOS
City-St-Zip: SAN JUAN, PR 00925

Title: D () Change (X) Addition
Name: ROGER, MACRAMEY
Address: 57 RIO PIEDRAS
City-St-Zip: SAN JUAN, PR 00926

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: THAD WILKINSON

ED

04/26/2007

Electronic Signature of Signing Officer or Director

Date