2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004664

Entity Name: INTERHOPE, INC.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip: FILED May 11, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
	TANFORD LANE LUCIE, FL 34983 US	430 NW SHEFFIELD CIRCLE PORT ST. LUCIE, FL 34983 US
Current Mailing Address:		New Mailing Address:
1837 SOUTH FEDERAL HWY SUITE 150 STUART, FL 34994 US		
FEI Number: 04-3678866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent:		
WILKINSON, THAD H III 671 NW STANFORD LANE PORT ST. LUCIE, FL 34983 US		WILKINSON, THAD H III 430 NW SHEFFIELD CIRCLE PORT ST. LUCIE, FL 34983 US
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: THAD WILKINSON		05/11/2008
	Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	ED () Delete WILKINSON, THAD H III 671 NW STANFORD LANE PORT ST. LUCIE, FL 34983 US	Title: ED (X) Change () Addition Name: WILKINSON, THAD H III Address: 430 NW SHEFFIELD CIRCLE City-St-Zip: PORT ST. LUCIE, FL 34983 US
Title: Name: Address: City-St-Zip:	SD () Delete MORRIS, SALLY A 671 NW STANFORD LANE PORT ST. LUCIE, FL 34983 US	Title: SD (X) Change () Addition Name: MORRIS, SALLY A Address: 430 NW SHEFFIELD CIRCLE City-St-Zip: PORT ST. LUCIE, FL 34983 US
Title: Name: Address: City-St-Zip:	CD () Delete HERNANDEZ, RAYMOND 10019 GENTLE POINT SAN ANTONIO, TX 78254 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete HERNANDEZ, LESLIE S 10019 GENTLE POINT SAN ANTONIO, TX 78254 US	Title: () Change () Addition Name: Address: City-St-Zip:

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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: THAD WILKINSON ED 05/11/2008

() Delete

244 SAN FRANCISCO DE LOS RIOS

() Delete

PATRICK, MACRAMEY

SAN JUAN, PR 00925

ROGER, MACRAMEY

SAN JUAN, PR 00926

57 RíO PIEDRAS

() Change () Addition

() Change () Addition