2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N02000006608

Entity Name: GABLES HOPE, INC.

Current Principal Place of Business:

950 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

950 UNIVERSITY DRIVE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, WADE C ESQ
234 NORTH KROME AVENUE
HOMESTEAD, FL 33030 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: DIR ( ) Delete
Name: SAUNDERS, SR., G. MICHAEL
Address: 936 BIRD RD
City-St-Zip: CORAL GABLES, FL 33146

Title: DIR ( ) Delete
Name: INGLE, SARAH
Address: 2641 SW 30 COURT
City-St-Zip: MIAMI, FL 33133

Title: DIR ( ) Delete
Name: JONES, RUSSELL
Address: 13860 SW 148 PLACE
City-St-Zip: MIAMI, FL 33196

Title: DIR (X) Delete
Name: TEJEDA, JUAN
Address: 13294-4 SW 112 TERRACE
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: HAYWOOD, DALE
Address: 12201 SW 148 ST. #601
City-St-Zip: MIAMI, FL 33186

Title: PD (X) Change ( ) Addition
Name: BENZAQUEN, CARLOS
Address: 11840 SW 81 ROAD
City-St-Zip: PINECREST, FL 33156

Title: SD (X) Change ( ) Addition
Name: HICKSON, ROBERT
Address: 9890 SW 73 STREET
City-St-Zip: MIAMI, FL 33173

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 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: CARLOS BENZAQUEN PRES 04/24/2006

Electronic Signature of Signing Officer or Director Date