2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N02000009742

Entity Name: RESTORATION OF HOPE INCORPORATED

Current Principal Place of Business:

4106 LAKE BLUFF DR.
MASCOTTE, FL 34753

New Principal Place of Business:

Current Mailing Address:

4106 LAKE BLUFF DR.
MASCOTTE, FL 34753

New Mailing Address:

FEI Number: 33-1074177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARMER, TARA L
810 MERRIDALE AVE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

FARMER, TARA L
4106 LAKE BLUFF DR
MASCOTTE, FL 34753 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: _____ 04/30/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HELTON, PAMELA
Address: 455 W HWY. 50
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: SATTESAHN, EDWARD
Address: 13346 RAINBOW LANE
City-St-Zip: CLERMONT, FL 34711

Title: D ( ) Delete
Name: HUTCHINGS, JONNETTE
Address: 14653 INDIAN RIDGE TRL.
City-St-Zip: CLERMONT, FL 34711

Title: P ( ) Delete
Name: FORMER, TARA
Address: 4106 LAKE BLUFF DR.
City-St-Zip: MASCOTTE, FL 34753

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HELTON, PAMELA
Address: 333 N. HWY 27
City-St-Zip: CLERMONT, FL 34711

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: FARMER, TARA
Address: 4106 LAKE BLUFF DR.
City-St-Zip: MASCOTTE, FL 34753

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: TARA FARMER P 04/30/2005
Electronic Signature of Signing Officer or Director — Date