2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005590

Entity Name: HOUSE OF HOPE INTERNATIONAL INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1409 W. LINE ST LEESBURG, FL 34749

Current Mailing Address: New Mailing Address:

PO BOX 490511 LEESBURG, FL 34748

FEI Number: 37-1435995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOBLEY, LINDA B 1409 W. LINE ST LEESBURG, FL 34749 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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BENTON, KELVIN BENTON, KEVIN Name: Name: 34705 CATTAIL DRIVE Address: 34705 CATTAIL DRIVE Address:

City-St-Zip: EUSTIS, FL 32726 City-St-Zip: EUSTIS, FL 32726

Title: () Delete Title: (X) Change () Addition Name: DEMOTT, BETTY Name: EVANS, KATHLEEN

Address: 2506 WINONA AVE Address: 4470 NW 22ND AVENUE City-St-Zip: LEESBURG, FL 34748 City-St-Zip: OCALA, FL 34475

Title: () Delete Title: (X) Change () Addition

WILLIAMS, DANNIE L Name: WILLIAMS, DANNIE L Name: P O BOX 491593 Address: 2005 JOHNS AVE Address: City-St-Zip: LEESBURG, FL 34748 City-St-Zip: LEESBURG, FL 34749

Title: () Delete Title: (X) Change () Addition

SPRINGER, PHYLLIS Name: Name: SPRINGER, PHYLLIS Address: 1409 W. LINE ST Address: P O BOX 592963 City-St-Zip: LEESBURG, FL 34749 City-St-Zip: ORLANDO, FL 32859

Title: () Delete Title: () Change () Addition

SHORT, KATHY Name: Name: 1409 W. LINE ST Address: Address: City-St-Zip: LEESBURG, FL 34749 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

NEWMAN, ALLEN DR NEWMAN, ALLEN DR Name: Address: 1409 W. LINE ST Address: 1107 W NORTH BLVD. LEESBURG, FL 34749 LEESBURG, FL 34748 City-St-Zip: 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.

SIGNATURE: LINDA B. MOBLEY CEO 04/30/2008