


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90180 016 ****61.25

DOCUMENT # N03000006720	
1. Entity Name HAND OF HOPE OUTREACH INTERNATIONAL, INC.	

Principal Place of Business 402 N CAROLINA AVE PALM HARBOR, FL 34683	Mailing Address 402 N CAROLINA AVE PALM HARBOR, FL 34683
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20047985



2. Principal Place of Business 14375 Myer Lake Circle	3. Mailing Address 14375 Myer Lake Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04212005 Chg-NP CR2E037 (10/03)

City & State Clearwater, FL	City & State Clearwater, FL
Zip 33760	Zip 33760
Country USA	Country USA

4. FEI Number 75-3126014	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WINSETT, F.S. B 402 N CAROLINA AVE PALM HARBOR, FL 34683	

7. Name and Address of New Registered Agent	
Name Same: WINSETT, F.S.	
Street Address (P.O. Box Number is Not Acceptable) 14375 Myer Lake Circle	
City Clearwater	FL Zip Code 33760

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **4-21-2005**
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSETT, F.S. B 402 N CAROLINA AVE PALM HARBOR, FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZABAWSKI, DAVE 2823 CHALLENGER DR PALM HARBOR, FL 34683 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ANDREA, BOB 9622 142ND AVE N LARGO, FL 33771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINSETT, F.S. 14375 Myer Lake Circle Clearwater, FL 33760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4-21-2005** DAYTIME PHONE # **727-210-0189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR