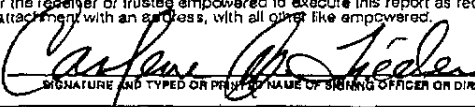


FILED

Apr 30, 2005 08:00 AM
Secretary of State**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000007620 1. Entity Name HEART OF HOPE FOUNDATION, INC.			
Principal Place of Business 3389 SHERIDAN STREET SUITE # 455 HOLLYWOOD, FL 33021		Mailing Address 3389 SHERIDAN STREET SUITE # 455 HOLLYWOOD, FL 33021	
DO NOT WRITE IN THIS SPACE			
			
		04212005 No Chg-NP CR2E037 (10/03)	
		4. FEI Number 90-0107107	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TIEDEMANN, CARLENE 3389 SHERIDAN STREET SUITE # 455 HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10 OFFICERS AND DIRECTORS		 05/02/05-80100-005 61.25 DO NOT WRITE IN THIS SPACE	
TITLE D NAME TIEDEMANN, CARLENE STREET ADDRESS 3389 SHERIDAN STREET, # 455 CITY-ST-ZIP HOLLYWOOD, FL 33021			
TITLE D NAME TIEDEMANN, HERBERT STREET ADDRESS 3389 SHERIDAN STREET, # 455 CITY-ST-ZIP HOLLYWOOD, FL 33021			
TITLE D NAME ROGERO, TERESA STREET ADDRESS 3389 SHERIDAN STREET, # 455 CITY-ST-ZIP HOLLYWOOD, FL 33021			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		04/28/05 Date Daytime Phone #	