

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007620

FILED
Jul 15, 2007
Secretary of State

Entity Name: HEART OF HOPE FOUNDATION, INC.

Current Principal Place of Business:

3389 SHERIDAN STREET
SUITE # 455
HOLLYWOOD, FL 33021

New Principal Place of Business:

15841 PINES BLVD
SUITE # 114
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

3389 SHERIDAN STREET
SUITE # 455
HOLLYWOOD, FL 33021

New Mailing Address:

15841 PINES BLVD
SUITE # 114
PEMBROKE PINES, FL 33027 US

FEI Number: 90-0107107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TIEDEMANN, CARLENE
3389 SHERIDAN STREET
SUITE # 455
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

TIEDEMANN, CARLENE
15841 PINES BLVD
SUITE # 114
PEMBROKE PINES, FL 33027 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: CARLENE TIEDEMANN

07/15/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TIEDEMANN, CARLENE
Address: 3389 SHERIDAN STREET, # 455
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: TIEDEMANN, HERBERT
Address: 3389 SHERIDAN STREET, # 455
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: ROGERO, TERESA
Address: 3389 SHERIDAN STREET, # 455
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TIEDEMANN, CARLENE
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Change () Addition
Name: TIEDEMANN, NADINE
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

Title: D (X) Change () Addition
Name: ROGERO, TERESA
Address: 15841 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33027

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: CARLENE TIEDEMANN

D

07/15/2007

Electronic Signature of Signing Officer or Director

Date