## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000319

City-St-Zip:

LAKE WORTH, FL 33460

FILED Apr 27, 2006 Secretary of State

Entity Name: SEASON OF HOPE, INC. **Current Principal Place of Business: New Principal Place of Business:** 8172 AMBACH WAY LANTANA, FL 33462 **Current Mailing Address: New Mailing Address:** 8172 AMBACH WAY LANTANA, FL 33462 FEI Number: 58-2682674 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: MAKI, TOIVO J 8172 AMBACH WAY LANTANA, FL 33462 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MAKI, TOIVO J Name: Name: 8172 AMBACH WAY Address: Address: LANTANA, FL 33462 City-St-Zip: City-St-Zip: Title: Title: VD (X) Change ( ) Addition ( ) Delete Name: VAN DALEN, DIRK J THD DRE Name: VAN DALEN, DIRK J THD DRE Address: 12 MOHAWK DR Address: 12 MOHAWK DR City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: ROYAL PALM BEACH, FL 33411 Title: ( ) Delete Title: (X) Change ( ) Addition KOSKINEN, PIRJO-LEENA KOSKINEN, PIRJO-LEENA Name: Name: Address: 224 WELLESLEY DRIVE Address: 224 WELLESLEY DRIVE City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460 Title: ( ) Delete Title: (X) Change ( ) Addition Name: KOSKINEN, PIRJO-LEENA Name: MAKI, MARJA-LEENA Address: 224 WELLESLEY DRIVE Address: 8172 AMBACH WAY

I hereby certify that the information supplied with this filing does not qualify for the 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.

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LANTANA, FL 33462

SIGNATURE: TOIVO J MAKI PD 04/27/2006