
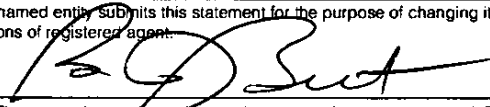
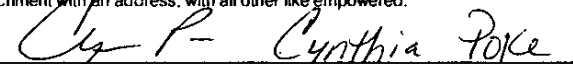


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 25, 2006 8:00 am**  
**Secretary of State**

05-25-2006 90012 029 \*\*\*\*70.00

<b>DOCUMENT # N04000001803</b> 1. Entity Name <b>FUTURE HOPE SCHOOL OF PROMISE, INC.</b>					
Principal Place of Business <b>1030 WEST KALEY AVENUE ORLANDO, FL 32805</b>			Mailing Address <b>PO BOX 568606 ORLANDO, FL 32856 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>RESTORE ORLANDO, INC. 1030 WEST KALEY AVENUE ORLANDO, FL 32805</b>			7. Name and Address of New Registered Agent Name <b>Restore Orlando, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1030 W. Kaley Ave.</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32805</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>4/25/06</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MASON, ALEX 1030 WEST KALEY AVENUE ORLANDO, FL 32805</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD Britton, Brian 1030 W. Kaley Ave. Orlando, FL 32805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, GARY 1030 W. KALEY AVE ORLANDO, FL 32805</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>1030 W. Kaley Ave.</b></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DE GAILLA, BRIAN 1030 W. KALEY AVE ORLANDO, FL 32805</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD De Gaillen, Brian 1030 W. Kaley Ave. Orlando, FL 32805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD Hendrix, James 1030 W. Kaley Ave. Orlando, FL 32805</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			<b>COO</b> <b>4/25/06</b> <b>407-246-0061</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		