2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003396

City-St-Zip:

PALM HARBOR, FL 34685

Entity Name: HOPE YOUTH RANCH INC

FILED Apr 18, 2007 Secretary of State

Entity Name: HOPE YOUTH RANCH, INC.						
Current Pr	rincipal Place	of Business:	New Principal Place of Business:			
17933 EAS HUDSON,						
Current Ma	ailing Addres	ss:	New Mailing Address:			
17933 EAS HUDSON,						
FEI Number: 20-1019180 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Ad				Address of New Registered Agent:		
SUAREZ, 3 9425 OSCE NEW POR		. 34654 US				
The above in the State		submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address:	SOUKUP, HOP	Delete E BAY BLVD, SUITE 402	Title: Name: Address:	SD (X) Change () Addition SOUKUP, HOPE 210 S. PINELLAS AVE., SUITE 158		
City-St-Zip:	CLEARWATER		City-St-Zip:	TARPON SPRINGS, FL 34689		
Title: Name: Address: City-St-Zip:	TD (BOAZ, KEN 1722 OAKDALI CLEARWATER		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	DONNA, CAHIL 5035 US HWY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	COX, DENNIS 9224 LAKEVIE) Delete W DR CHEY, FL 34654	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	VD (ARROYO, FER 5159 JASMINE		Title: Name: Address:	() Change () Addition		

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.

City-St-Zip:

SIGNATURE: JOSE J SUAREZ D 04/18/2007