


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000004340</b> 1. Entity Name HANNAH'S HOPE, INC.	
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Principal Place of Business C/O E. JOHN WAGNER II 2449 YORKSHIRE DRIVE SARASOTA, FL 34231	Mailing Address C/O E. JOHN WAGNER II 2449 YORKSHIRE DRIVE SARASOTA, FL 34231
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1907194	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  WAGNER II, E. JOHN 200 S ORANGE SARASOTA, FL 34236
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, SUZANNE F 2449 YORKSHIRE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGUIRE, BRIAN 2449 YORKSHIRE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUPLISSEY, KIMBERLY 15 PARADISE PLAZA #180 SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANCE, LESLEY 4425 ROBINHOOD TRAIL SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WAGNER II, E. JOHN 2449 YORKSHIRE DRIVE SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000582775  
01/11/07-80045-006 61.25

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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>President</b>	<b>1/9/07</b>	<b>941.536.2037</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>