


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

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

<b>DOCUMENT # N04000004749</b> 1. Entity Name RAISING HOPE, INC.	
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Principal Place of Business 324B MONROE STREET DUNEDIN, FL 34698	Mailing Address POST OFFICE BOX 87 DUNEDIN, FL 34607-0087
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01042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1323915	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  GREENLEAF, KIMBERLY H 324B MONROE STREET DUNEDIN, FL 34698
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HUETTIG, WILLIAM D 499 HAMMOCK DR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HARTLE, ANN 122 IRWIN EAST SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GREENLEAF, KIMBERLY H 1430 WETHERINGTON WAY PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, JEANNE 1991 SPANISH PINES DR. DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000578703  
01/09/07-80039-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** Raising Hope Inc  
Kimberly H Greenleaf, SECY/TREAS 1/5/07 727-736-1447  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #