2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007326

Entity Name: NEW LIFE & HOPE OUTREACH, INC.

FILED Apr 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1627 SENECA AVE 1134 CINNAMON WAY W LAKELAND, FL 33801 LAKELAND, FL 33801

Current Mailing Address: New Mailing Address:

1627 SENECA AVE 1134 CINNAMON WAY W LAKELAND, FL 33801 LAKELAND, FL 33801

FEI Number: 84-1653429 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:

JIMENEZ, WALTER

1627 SENECA AVE
LAKELAND, FL 33801 US

JIMENEZ, WALTER

1134 CINNAMON WAY W

LAKELAND, FL 33801 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: 04/24/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRES (X) Change () Addition
Name: JIMENEZ, WALTER Name: JIMENEZ, WALTER
Address: 1627 SENECA AVE

Address: 1627 SENECA AVE Address: 1134 CINNAMON WAY W
City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801

Title: Title: (X) Change () Addition () Delete Name: JIMENEZ, LISSETTE Name: JIMENEZ, LISSETTE Address: 1627 SENECA AVE Address: 1134 CINNAMON WAY W City-St-Zip: LAKELAND, FL 33801 City-St-Zip: LAKELAND, FL 33801

Title: D () Delete Title: () Change () Addition

 Name:
 RUBERO, DAVID
 Name:

 Address:
 1130 E MOWRY DR #203
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:

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

SIGNATURE: WALTER JIMENEZ PRES 04/24/2008