

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90057 001 \*\*\*\*61.25

<b>DOCUMENT # N04000007647</b> 1. Entity Name <b>HOPE FOR KENYA'S KIDS INC.</b>					
Principal Place of Business <b>3522 MAJESTY LOOP WINTER HAVEN, FL 33880</b>			Mailing Address <b>3522 MAJESTY LOOP WINTER HAVEN, FL 33880</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03142005 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>45-0485803</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FENLEY, SANDRA L 3522 MAJESTY LOOP WINTER HAVEN, FL 33880</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FENLEY, SANDRA L <input type="checkbox"/> Delete 3522 MAJESTY LOOP WINTER HAVEN, FL 33880				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOWNS, M. JEAN <input type="checkbox"/> Delete 14307 W DUSTY TR SU CITYWEST, AZ 85375				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAUL, HELEN <input type="checkbox"/> Delete 9039 SLIGO CREEK PKWY APT 1412 SILVER SPRINGS, MD 20901				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRAWAY, LORRAINE M <input type="checkbox"/> Delete 1301 ARLOURA WAY TUSTIN, CA 92780				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANKELEVICH, SHIRLEY <input type="checkbox"/> Delete 20242 TIDEWINDS WAY GERMANTOWN, MD 20874				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ALLISON CPA <input type="checkbox"/> Delete 9502 WALLINGFORD DR BURKE, VA 22015				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SUN CITY WEST, AZ 85375</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SILVER SPRING, MD 20901</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>309 SAXONY CT LEXINGTON SC 29072</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition _____				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandra L. Fenley SANDRA L. FENLEY 3/15/05 863-299-8996</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					