2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009156

FILED Mar 31, 2009 Secretary of State

Entity Name: HOPE N LITERACY INTERNATIONAL FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	HT MEADOW RY, FL 32746	DR			
Current Mailing Address:			New Mailing Address:		
	HT MEADOW RY, FL 32746	DR			
El Number	: 81-0624264	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
lame and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
372 BRIGI	D, JOSUE HT MEADOW RY, FL 32746	DR US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTO	
itle: lame: ddress: city-St-Zip:	CEO (RAYMOND, JO 872 BRIGHT M LAKE MARY, F	EADOW DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: .ddress: city-St-Zip:	ANDRE, RACH	LCREST STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
	SECR () Delete	Title:	() Change () Addition	
lame: .ddress:	JUDD-RAYMO	EADOW DRIVE	Name: Address: City-St-Zip:		
lame: .ddress: city-St-Zip: itle: lame: .ddress:	JUDD-RAYMOI 872 BRIGHT M LAKE MARY, F PRES (ANTOINE, PAT	EADOW DRIVE L 32746 US) Delete RICK COVE DR. APT 1417	Address:	() Change () Addition	
itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress: city-St-Zip: itle: lame: .ddress:	JUDD-RAYMOI 872 BRIGHT M LAKE MARY, F PRES (ANTOINE, PAT 4725 CASON C ORTANDO, FL	EADOW DRIVE EL 32746 US) Delete RICK COVE DR. APT 1417 32811 US) Delete AN ERRACE	Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

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: JOSUE RAYMOND CEO 03/31/2009