2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011948

Entity Name: SOUTH EAST ASIA'S HOPE, INC.

FILED Aug 08, 2006 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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PO BOX 8551

CLEARWATER, FL 33758

Current Mailing Address: New Mailing Address:

PO BOX 8551

CLEARWATER, FL 33758

FEI Number: 59-3317828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHMIDT, IRIA SCHMIDT, JOHN

11828 12TH AVENUE EAST 28960 US HWY 19 NORTH

BRADENTON, FL 34212 US SUITE 103

CLEARWATER, FL 33761 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: JOHN SCHMIDT 08/08/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PRES () Delete
 Title:
 PRES (X) Change () Addition

 Name:
 SCHMIDT, JOHN PRES
 Name:
 SCHMIDT, JOHN PRES

 Address:
 12110 14TH AVE E
 Address:
 28960 US HWY 19 NORTH

 City-St-Zip:
 BRADENTON, FL 34212
 City-St-Zip:
 CLEARWATER, FL 33761

Title: VP () Delete Title: () Change () Addition

 Name:
 POWERS, DAVID VP
 Name:

 Address:
 3711 REDWOOD RD
 Address:

 City-St-Zip:
 LAND O LAKES, FL 34639
 City-St-Zip:

Title: SEC () Delete Title: () Change () Addition

 Name:
 MCCLAMMA, DAVID SEC
 Name:

 Address:
 P.O. BOX 90669
 Address:

 City-St-Zip:
 LAKELAND, FL 33804
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN SCHMIDT PRES 08/08/2006