

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004827

FILED  
Jan 17, 2008  
Secretary of State

Entity Name: SIMPLY HOPE, INC.

## Current Principal Place of Business:

8798 91ST ST. NORTH  
SEMINOLE, FL 33777

## New Principal Place of Business:

## Current Mailing Address:

8798 91ST ST. NORTH  
SEMINOLE, FL 33777

## New Mailing Address:

FEI Number: 20-3228085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PRITTY, TIMOTHY M  
8798 91ST ST. NORTH  
SEMINOLE, FL 33777 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PRITTY, TIMOTHY M  
Address: 8798 91ST STREET NORTH  
City-St-Zip: SEMINOLE, FL 33777 US

Title: T ( ) Delete  
Name: PRITTY, HEIDI E  
Address: 8798 91ST STREET NORTH  
City-St-Zip: SEMINOLE, FL 33777 US

Title: S ( ) Delete  
Name: HENSON, ANGELA J  
Address: 5527 110TH AVE #204  
City-St-Zip: PINELLAS PARK, FL 33782 US

Title: VP ( ) Delete  
Name: BLAIR, JOHN A  
Address: 4250 118TH AVENUE NORTH  
City-St-Zip: CLEARWATER, FL 33762 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TIMOTHY M PRITTY

P

01/17/2008

Electronic Signature of Signing Officer or Director

Date