

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004959

FILED
Mar 29, 2008
Secretary of State

Entity Name: HAITI'S HOPE, INC.

Current Principal Place of Business:

2208 S CYPRESS BEND DRIVE APT 503
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

PO BOX 551237
FORT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 33-1117719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDBERG, HELENE M.D.
2208 S CYPRESS BEND DRIVE APT 503
POMPANO BEACH, FL 33069 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: PSD () Delete
Name: FRIEDBERG, HELENE MD
Address: 2208 S CYPRESS BEND DRIVE APT 503
City-St-Zip: POMPANO BEACH, FL 33069

Title: VTD () Delete
Name: SAULS, BILLY
Address: 2700 SW 140TH TERRACE
City-St-Zip: DAVIE, FL 33330

Title: D () Delete
Name: WHEELER, PAUL
Address: 9460 POINCIANA PLACE APT 403
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: ALLEN, DOUGLAS
Address: 5101 SW 92NS AVE
City-St-Zip: COOPER CITY, FL 33328

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: BILLY S. SAULS

VTD

03/29/2008

Electronic Signature of Signing Officer or Director

Date