
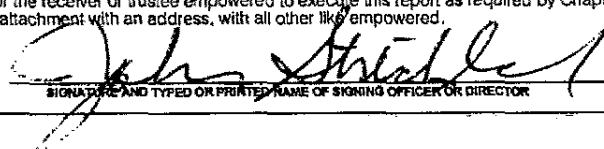


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000007456</b>		
1. Entity Name NETWORK OF PROMISE INC.		
Principal Place of Business 4626 KEENE ROAD PLANT CITY, FL 33565	Mailing Address 4626 KEENE ROAD PLANT CITY, FL 33565	
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  STRICKLAND, JOHN 4626 KEENE ROAD PLANT CITY, FL 33565		<b>DO NOT WRITE IN THIS SPACE</b>
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)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000614173 02/06/07-80015-005 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST STRICKLAND, JOHN 4626 KEENE ROAD PLANT CITY, FL 33565	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, JOHN 4626 KEENE ROAD PLANT CITY, FL 33565	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JACK 35250 WHISPERING PINES DR ZEPHRYHILLS, FL 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONEY, JERRY 2708 KEENE CAMPBELL RD PLANT CITY, FL 33565	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, DORA 4626 KEENE ROAD PLANT CITY, FL 33565	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-7-07</u> Daytime Phone # _____



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 33-1120513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required