2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009472

FILED
Jun 19, 2007
Secretary of State

Entity Name: HOPE FOR NEW GENERATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 3164 SOUTH UNIVERSITY DRIVE MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** P.O BOX 381771 MIAMI, FL 33238 FEI Number Applied For () FEI Number Not Applicable (X) 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: LOUIS, JUDE 3164 SOUTH UNIVERSITY DRIVE MIRAMAR, FL 33025 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete LOUIS, JUDE Name: Name: Address: 3164 SOUTH UNIVERSITY DRIVE Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: LOUIS, JOSUE Name: MEDACIER, ADENET Address: 3164 SOUTH UNIVERSITY DRIVE Address: 7771 WEST OKLND PARK BLVD. #223 City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: TRE (X) Change () Addition MEDACIER, ADENET AHMAD, SANDRA Name: Name: 3164 SOUTH UNIVERSITY DR 7771 WEST OAKLAND PARK BLVD, #223 Address: Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: MIRAMAR, FL 33025 Title: TRE. (X) Delete Title: () Change () Addition Name: AHMED, SANDRA Name: 3164 SOUTH UNIVERSITY DRIVE Address: Address: City-St-Zip: MIRAMAR, FL 33025 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: LOUIS JUDE P 06/19/2007