2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

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Entity Name: PEARLS OF HOPE FOUNDATION, INC.

Current Principal Place of Business:

14651 SOUTHWEST 99TH COURT
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14651 SOUTHWEST 99TH COURT
MIAMI, FL 33176

New Mailing Address:

FEI Number: 75-3206214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HAMLER, ELSIE K
14651 SOUTHWEST 99TH COURT
MIAMI, FL 33176 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: D ( ) Delete
Name: CLARINGTON, MABLE
Address: 11701 SOUTHWEST 193RD ST
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: COFIELD, EVA
Address: 14110 VAN BUREN STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: DELIFORD, CAROL
Address: 9775 PALMETTO CLUB DR.
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: HAMLER, ELSIE K
Address: 14651 SOUTHWEST 99TH COURT
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: HOLLIS, OSSIE
Address: 14820 LOUIS STREET
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: HOLLOWAY, ALEXANDRIA
Address: 11026 SOUTHWEST 132ND PLACE #4
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BERRY, CHERYL
Address: 14901 SW 74 AVENUE
City-St-Zip: MIAMI, FL 33157

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:

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: ELSIE K HAMLER D 04/30/2009

Electronic Signature of Signing Officer or Director — Date