

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011761

FILED
Apr 30, 2007
Secretary of State

Entity Name: HOPE FOR THE CHARITIES, INC.

Current Principal Place of Business:

C/O FRANK IBARRA
1500 MUREX DRIVE
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

C/O FRANK IBARRA
1500 MUREX DRIVE
NAPLES, FL 34102

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 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: IBARRA, FRANK
Address: 1500 MUREX DRIVE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: BULLOCH, THOMAS R
Address: 3200 BAILEY LANE, SUITE 115
City-St-Zip: NAPLES, FL 341058506

Title: D () Delete
Name: CHILDS, BRIAN
Address: 225 BANYAN BLVD., SUITE 200
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: HITCHCOCK, STERLING
Address: 255 YUCCA ROAD
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: WOLF, JOHN
Address: 1250 TAMiami TRAIL N., SUITE 107
City-St-Zip: NAPLES, FL 34102

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:

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: FRANK IBARRA

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04/30/2007

Electronic Signature of Signing Officer or Director

Date