2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N06000001752

Entity Name: AHOP, INC.

Current Principal Place of Business:

8658 NORTHWEST 44 STREET
SUNRISE, FL 33351

New Principal Place of Business:

Current Mailing Address:

PO BOX 771191
CORAL SPRINGS, FL 33077

New Mailing Address:

8658 NORTHWEST 44 STREET
SUNRISE, FL 33351

FEI Number: **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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JEAN-BAPTISTE, MARITZA
9054 SW 1ST STREET
BOCA RATON, FL 33428 US

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: MARITZA JEAN-BAPTISTE 05/01/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: CHOUTE, KIMSTHER
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: DV ( ) Delete
Name: FEVREIR, MAGDALAH
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: V ( ) Delete
Name: ELIANCY, SHANDER
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: P ( ) Delete
Name: HODGE, ROSE L
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: S (X) Delete
Name: CHOUTE, ISMAEL
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: FEVREIR, MAGDALAH
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

Title: S (X) Change ( ) Addition
Name: CHOUTE, LANI
Address: 8658 NORTHWEST 44 STREET
City-St-Zip: SUNRISE, FL 33351

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: ROSE L HODGE P 05/01/2007
Electronic Signature of Signing Officer or Director — Date