2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008430

Entity Name: HORIZONS OF HOPE, INC.

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
--	-----------------------------

4524 CURRY FORD SUITE 271 1908 S. CONWAY ROAD, APT. #137 ORLANDO, FL 32812

ORLANDO, FL 32812

Current Mailing Address: New Mailing Address:

4524 CURRY FORD SUITE 271 1908 S. CONWAY ROAD, APT. #137

ORLANDO, FL 32812 ORLANDO, FL 32812

FEI Number: 45-0541446 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

ARNDT, TERI B BRANAM, JACQULYN Name: Name:

Address: 4524 CURRY FORD SUITE 271 Address: 1908 S. CONWAY ROAD APT.#137

City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

(X) Change () Addition Title: () Delete Title:

Name: BRANAM, THOMAS Name: BRANAM, THOMAS Address: 4524 CURRY FORD SUITE 271 Address: 1908 S. CONWAY ROAD APT. #137

City-St-Zip: ORLANDO, FL 32812 City-St-Zip: ORLANDO, FL 32812

Title: (X) Delete Title:

() Change () Addition LONG, JACKIE Name: Name:

4524 CURRY FORD SUITE 271 Address: Address: City-St-Zip: ORLANDO, FL 32812 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: JACQULYN BRANAM D 03/18/2008