

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009177

FILED
Jan 11, 2008
Secretary of State

Entity Name: HOPE LANGUAGE ACADEMY OF LEE, INC.

Current Principal Place of Business:

2709 SWAMP CABBAGE COURT
SUITE 100
FT. MYERS, FL 33901 US

New Principal Place of Business:

6915 SW 57 AVENUE
SUITE 228
CORAL GABLES, FL 33143 US

Current Mailing Address:

6915 SW 57 AVE.
SUITE 208
CORAL GABLES, FL 33143 US

New Mailing Address:

6915 SW 57 AVE.
SUITE 228
CORAL GABLES, FL 33143 US

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

Name and Address of Current Registered Agent:

BOWER, TIM
6915 SW 57 AVE.
SUITE 208
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

BOWER, TIM
6915 SW 57 AVE.
SUITE 228
CORAL GABLES, FL 33143 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: TIM BOWER

01/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'BRIEN, MARK
Address: 2709 SWAMP CABBAGE COURT SUITE 100
City-St-Zip: FT. MYERS, FL 33901 US

Title: VP () Delete
Name: SWANSON, KATHLEEN
Address: 4433 MARCHMONT BOULEVARD
City-St-Zip: LAND O LAKES, FL 34638 US

Title: VP () Delete
Name: LOPEZ, JUAN
Address: 213 N. LINCOLN AVE.
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: O'BRIEN, MARK
Address: 2709 SWAMP CABBAGE COURT SUITE 100
City-St-Zip: FT. MYERS, FL 33901 US

Title: D (X) Change () Addition
Name: SWANSON, KATHLEEN
Address: 4433 MARCHMONT BOULEVARD
City-St-Zip: LAND O LAKES, FL 34638 US

Title: D (X) Change () Addition
Name: LOPEZ, JUAN
Address: 213 N. LINCOLN AVE.
City-St-Zip: TAMPA, FL 33609 US

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: TIM BOWER

RA

01/11/2008

Electronic Signature of Signing Officer or Director

Date