2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009292

FILED Apr 29, 2009 Secretary of State

Entity Name: HOPE ORPHANAGE FOUNDATION INC.

Current Principal Place of Business: New Principal Place of Business: 3401 NORTH LAKEVIEW DR. APT, 711 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 3401 NORTH LAKEVIEW DR. APT, 711 TAMPA, FL 33618 FEI Number: 45-0546663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: A1A REGISTERED AGENT INC 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 334110000 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete ROCK, MARCLIN ROCK, MARCLIN Name: Name: 11718 COLONY LAKES BLVD Address: 3401 N LAKEVIEW DR #711 Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change () Addition ROCK, SAINTCOIS Name: Name: Address: 711 SW 12TH CT Address: City-St-Zip: DEERFIELD, FL 33441 City-St-Zip: Title: () Delete Title: () Change () Addition ROCK, DELIVERANCE Name: Name: 711 SW 12TH CT Address: Address: City-St-Zip: DEERFIELD, FL 33441 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: REVOLUS, DOMINIQUE Name: REVOLUS, DOMINIQUE 11718 COLONY LAKES BLVD 3401 N LAKEVIIEW DR #711 Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 City-St-Zip: TAMPA, FL 33618 Title: () Delete Title: () Change () Addition JEAN, JEAN-SAUL Name: Name: 1300 SW 10TH AVE Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: () Delete Title: () Change () Addition PHILISTIN, CHILAIS Name: Name: 2648 NE 3RD ST Address: Address: BOYNTON BEACH, FL 33435 City-St-Zip: 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: MARCLIN ROCK D 04/29/2009