2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# N07000000955

Entity Name: GIVE A CHILD HOPE, INC.

Current Principal Place of Business:

12021 SW 97 TER
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12021 SW 97 TER
MIAMI, FL 33186

New Mailing Address:

FEI Number: 20-8522389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUTIERREZ, LUIS F
12021 SW 97 TER
MIAMI, FL 33186 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: JIMENEZ, GUILLERMO E
Address: 16316 SW 83RD LN
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: JIMENEZ, CECILIA B
Address: 16316 SW 83RD LN
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete
Name: CANAL, ADOLFO O
Address: 12103 SW 107 CT
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: CANAL, JANETH S
Address: 12103 SW 107 CT
City-St-Zip: MIAMI, FL 33176

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES (X) Change ( ) Addition
Name: CANAL, ADOLFO O
Address: 12103 SW 107 CT
City-St-Zip: MIAMI, FL 33176

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

Title: D ( ) Change (X) Addition
Name: GUTIERREZ, CLARA L
Address: 12021 SW 97 TER
City-St-Zip: MIAMI, FL 33186

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: ADOLFO CANAL PRES 02/23/2009

Electronic Signature of Signing Officer or Director — Date