2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2008
Secretary of State

DOCUMENT# N07000004361

Entity Name: HOPE FOR HEALTHY GROWING PEOPLE, INC.

Current Principal Place of Business:

5826 HOFFNER AVENUE
SUITE 1001
ORLANDO, FL 32822

New Principal Place of Business:

Current Mailing Address:

5826 HOFFNER AVENUE
SUITE 1001
ORLANDO, FL 32822

New Mailing Address:

P. O. BOX 722044
ORLANDO, FL 32872

FEI Number: 59-3294323 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

HUME, ELTON
5826 HOFFNER AVENUE
SUITE 1001
ORLANDO, FL 32822 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:	P	( ) Delete
Name:	HUME, ELTON CEO	
Address:	PO BOX 490226	
City-St-Zip:	LEESBURG, FL 347490226	
Title:	D	( ) Delete
Name:	WIENS, GREG	
Address:	9606 CYPRESS PINE STREET	
City-St-Zip:	ORLANDO, FL 32827	
Title:	ST	( ) Delete
Name:	BROOKINS, MICHAEL	
Address:	4238 E WEEPING WILLOW CIRCLE	
City-St-Zip:	WINTER SPRINGS, FL 32708	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	HUME, ELTON CEO	
Address:	PO BOX 722044	
City-St-Zip:	ORLANDO, FL 32872	
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: ELTON HUME, LMHC P 08/14/2008

Electronic Signature of Signing Officer or Director — Date