2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012033

Entity Name: OPEN DOORS OF HOPE, INC

FILED Mar 13, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

9809 CLEAR LAKE CIRCLE 9196 ESTERO RIVER CIRCLE NAPLES, FL 339280619 ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

PO BOX 619 PO BOX 619

ESTERO, FL 339280619 ESTERO, FL 339280619 US

FEI Number: 41-2266349 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:

SIMMONS, RICHARD
9809 CLEAR LAKE CIRCLE
NAPLES, FL 339280619 US

FULLILOVE, COLIN
9196 ESTERO RIVER CIRCLE
ESTERO, FL 33928 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: COLIN FULLILOVE 03/13/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: FULLILOVE, KALEEN Name: FULLILOVE, KALEEN

Address: 9196 ESTERO RIVER CIRCLE Address: 9196 ESTERO FL 22000 LIS

City-St-Zip: ESTERO, FL 33928 City-St-Zip: ESTERO, FL 33928 US

Title: D () Delete Title: D (X) Change () Addition Name: SIMMONS, BECKY Name: FULLILOVE, COLIN

 Address:
 9809 CLEAR LAKE CIRCLE
 Address:
 9196 ESTERO RIVER CIRCLE

 City-St-Zip:
 NAPLES, FL 339280619
 City-St-Zip:
 ESTERO, FL 33928 US

 Name:
 SIMMONS, RICHARD
 Name:
 DELINO, BENDINOTI

 Address:
 9809 CLEAR LAKE CIRCLE
 Address:
 4530 SW 10TH AVE

 City-St-Zip:
 NAPLES, FL 339280619
 City-St-Zip:
 CAPE CORAL, FL 33914 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: COLIN FULLILOVE D 03/13/2008