2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006557

Entity Name: NEW HOPE ACADEMY, INC.

FILED May 11, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

1448 SAILBOAT CIRCLE WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

P. O. BOX # 213102 P. O. BOX # 20762

ROYAL PALM BEACH, FL 33421 WEST PALM BEACH, FL 33416

FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

LUCIEN, MIRMA 1448 SAILBOAT CIRCLE WELLINGTON, FL 33414 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LUCIEN, MIRMA LUCIEN, MIRMA Name: Name: Address: P. O. BOX 213102 Address: P. O. BOX 20762

City-St-Zip: ROYAL PALM BEACH, FL 33421 City-St-Zip: WEST PALM BEACH, FL 33416 US

(X) Change () Addition Title: () Delete Title: Name: LUCIEN, GANDY Name: LUCIEN, GANDY

Address: 1448 SAILBOAT CIRCLE Address: 1448 SAILBOAT CIRCLE City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414 US

Title: () Delete Title: (X) Change () Addition WILSON, JULIETTE LAMARTINIERE, EMMANUELLA Name: Name:

12375 KEY LIME BLVD. 3744 WINTHROP DR. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33412 City-St-Zip: LEXINGTON, KY 40514 US

Title: () Delete Title: (X) Change () Addition

DOUYON, JACQUELINE Name: Name: CANDIO, NIRVA P. O. BOX 93456 1825 LIBERTY RD, APT 322 Address: Address: City-St-Zip: MARGATE, FL 33093 City-St-Zip: LEXINGTON, KY 40505 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: MIRMA LUCIEN DIR. 05/11/2009