2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N08000007166

₹I FILED Sep 29, 2009 Secretary of State

Entity Name: UNITED HOPE ALLIANCE CORP.

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

7700 SQUARE LAKE BLVD. 70 BELMONT BLVD

JACKSONVILLE, FL 32256 ORANGE PARK, FL 32073

Current Mailing Address: New Mailing Address:

7700 SQUARE LAKE BLVD. 70 BELMONT BLVD

JACKSONVILLE, FL 32256 ORANGE PARK, FL 32073

FEI Number: 26-3119789 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:

SHAHID, MOHAMMED SHAHID, MOHAMMED 7700 SQUARE LAKE BLVD 70 BELMONT BLVD

JACKSONVILLE, FL 32256 US ORANGE PARK, FL 32073 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: MOHAMMED SHAHID 09/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BUDLONG, GRANVILLE
 Name:
 SHAHID, MOHAMMED

 Address:
 7700 SQUARE LAKE BLVD.
 Address:
 70 BELMONT BLVD

Address: //UU SQUARE LAKE BLVD. Address: /U BELMONT BLVD

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ORANGE PARK, FL 32073

Title: () Delete Title: (X) Change () Addition Name: SHAHID, MOHAMMED Name: SHAHID, MOHAMMED Address: 7700 SQUARE LAKE BLVD Address: 70 BELMONT BLVD City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: ORANGE PARK, FL 32073

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: MOHAMMED SHAHID D 09/29/2009