2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008932

Entity Name: MILES FOR HOPE, INC.

FILED Jan 07, 2010 Secretary of State

01/07/2010 Date

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

1896 YALE DR 29399 US HIGHWAY 19 NORTH

CLEARWATER, FL 33765 SUITE 230-B

CLEARWATER, FL 33761

Current Mailing Address: New Mailing Address:

1896 YALE DR P.O. BOX 5292

CLEARWATER, FL 33765 CLEARWATER, FL 33758

FEI Number: 26-3429074 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:

BUSINESS FILINGS INCORPORATED

1203 GOVERNOR'S SQUARE BLVD

SUITE 101

TALLAHASSEE, FL 323012960 US

GIBBS, BARBARA P

29399 US HIGHWAY 19 NORTH

SUITE 230-B

CLEARWATER, FL 33761 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: BARBARA GIBBS

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: P

Name: GIBBS, BARBARA P

Address: 29399 US HIGHWAY 19 NORTH, SUITE 230-B

City-St-Zip: CLEARWATER, FL 33761

Title: VP

Name: GIBBS, ROBERT VP

Address: 29399 US HIGHWAY 19 NORTH, SUITE 230-B

City-St-Zip: CLEARWATER, FL 33761

Title: S

Name: SMITH, MATTHEW S

Address: 29399 US HIGHWAY 19 NORTH, SUITE 230-B

City-St-Zip: CLEARWATER, FL 33761

Title: T

Name: VARGAS, NANCY T

Address: 29399 US HIGHWAY 19 NORTH, SUITE 230-B

City-St-Zip: CLEARWATER, FL 33761

Title:

Name: STRAUSS, LAURIE D

Address: 29399 US HIGHWAY 19 NORTH, SUITE 230-B

City-St-Zip: CLEARWATER, FL 33761

Title: D

Name: GIBBS, CLAYTON D

Address: 29399 US HIGHWAY 19 NORTH, SUITE 230-B

City-St-Zip: CLEARWATER, FL 33761

I hereby 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 all other like empowered.

SIGNATURE: BARBARA GIBBS P 01/07/2010