

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 29, 2011
Secretary of State

Entity Name: HOPE HIPPO LEARNING LAB, INC.

Current Principal Place of Business:

6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709

New Principal Place of Business:

Current Mailing Address:

6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709

New Mailing Address:

FEI Number: 27-2139369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARIUS, SARAH P
6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709 US

Name and Address of New Registered Agent:

MARIUS, SARAH B PD
6333 43RD AVENUE NORTH
KENNETH CITY, FL 33709 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: SARAH MARIUS

04/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARIUS, SARAH B PD
Address: 6333 43RD AVENUE NORTH
City-St-Zip: KENNETH CITY, FL 33709 US

Title: VPD
Name: DEAN, EDWARD W VP
Address: 18106 PEREGRINES PERCH PLACE
City-St-Zip: LUTZ, FL 33558 US

Title: STD
Name: DELLAFAVE, CONNIE H S
Address: 1117 WILDWOOD DRIVE
City-St-Zip: DEER PARK, TX 77536 US

Title: MEM
Name: FRISON, CHRIS R MB
Address: 10937 KEY CORAL DRIVE
City-St-Zip: JACKSONVILLE, FL 33218 US

Title: MEM
Name: HACHEL, PATRICK H MB
Address: 78 W HUDSON AVE, APT B1
City-St-Zip: ENGLEWOOD, NJ 07631 US

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: SARAH MARIUS

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date