


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90374 026 ****70.00


DOCUMENT # N21276 1. Entity Name HOPE HOUSE OF THE PALM BEACHES, INC.	
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Principal Place of Business 2001 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409 US	Mailing Address 2001 PALM BEACH LAKES BLVD. SUITE 204 WEST PALM BEACH FL 33409 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-2690393	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROSE, ANGELA 2001 PALM BEACH LAKES, SUITE 204 WEST PALM BEACH FL 33409	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE ED	ROSE, ANGELA	<input checked="" type="checkbox"/> Delete	TITLE President	S. Bruce McDonald	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, ANGELA		NAME	S. Bruce McDonald	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.		STREET ADDRESS	2001 Palm Beach Lakes Blvd. #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE PD	DEVER, LISA	<input checked="" type="checkbox"/> Delete	TITLE Vice President	Freda Lucas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVER, LISA		NAME	Freda Lucas	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.		STREET ADDRESS	2001 Palm Beach Lakes Blvd. #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE DD	WILSON, CLIFTON	<input checked="" type="checkbox"/> Delete	TITLE Director	Paul Boyd	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, CLIFTON		NAME	Paul Boyd	
STREET ADDRESS	2001 PALM BEACH LAKES BLVD.		STREET ADDRESS	2001 Palm Beach Lakes Blvd. #204	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE Director	JoEllen Alvarez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	JoEllen Alvarez	
STREET ADDRESS			STREET ADDRESS	2001 Palm Beach Lakes Blvd. #204	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE Director	Israel Alvarez	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Israel Alvarez	
STREET ADDRESS			STREET ADDRESS	2001 Palm Beach Lakes Blvd. #204	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE Secretary/Treasurer	Lisa Keller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Lisa Keller	
STREET ADDRESS			STREET ADDRESS	2001 Palm Beach Lakes Blvd. #204	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33409	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Bruce McDonald April 4, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #