2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007
Secretary of State

DOCUMENT# N22452

Entity Name: STAR OF HOPE INTERNATIONAL, AMERICA, INC.

Current Principal Place of Business:

120 N. MAIN STREET
ELLINWOOD, KS 67526 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 427
ELLINWOOD, KS 67526 US

New Mailing Address:

FEI Number: 59-2844916 **FEI Number Applied For ( )** **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:

TRICK, WILLIAM WATSON
1216 E ATLANTIC BLVD SUITE 7
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BORROR, KENNETH W	
Address:	120 N. MAIN STREET	
City-St-Zip:	ELLINWOOD, KS 67526	
Title:	TD/S	( ) Delete
Name:	BORROR, BARRY,	
Address:	120 N. MAIN STREET	
City-St-Zip:	ELLINWOOD, KS 67526	
Title:	V	( ) Delete
Name:	ERIKSSON, LENNART	
Address:	120 N. MAIN STREET	
City-St-Zip:	ELLINWOOD, KS 67526	
Title:	SV	( ) Delete
Name:	PRESSON, MARK	
Address:	120 N. MAIN STREET	
City-St-Zip:	ELLINWOOD, KS 67526	
Title:	D	( ) Delete
Name:	SODERBERG, TOMAS	
Address:	120 N. MAIN STREET	
City-St-Zip:	ELLINWOOD, KS 67526	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: BARRY W BORROR TD 05/14/2007
Electronic Signature of Signing Officer or Director — Date