2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36699

FILED Jul 02, 2007 Secretary of State

Entity Name: H. T. P. FOUNDATION, INC.					
Current Principal Place of Business:			New Principal Place of Business:		
6515 TARA SARASOTA	WA DR. A, FL 34241	US			
Current Mailing Address:			New Mailing Address:		
C/O JOHN 6515 TARA SARASOTA		US			
FEI Number: 59-2998394 FEI Number Applied For () FEI Number Not A In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior no Name and Address of Current Registered Agent: Name and					
MARX, JOH 6515 TARA	ΗN	US	rame una	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:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	T () E SMYZER, ROGE 260 SIESTA LN LARGO, FL 337		Title: Name: Address: City-St-Zip:	T (X) Change () Addition SMYZER, ROGER 260 SIESTA LN LARGO, FL 33770 US	
Title: Name: Address: City-St-Zip:	T () [INCH, JACK, 11412 CRYSTAL KANSAS CITY, M		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	STTV ()E MARX, JOHN 6515 TARAWA D SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	RIX, MICHAEL 3 BEECROFT CT	Delete - ANADA, L1P1C7 CA	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HENNESSY, DOI 6 SAFFRON STR		Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JOHN MARX STTV 07/02/2007