
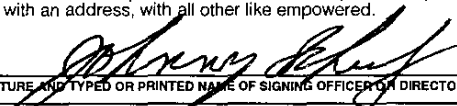


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90276 012 \*\*\*\*61.25

<b>DOCUMENT # N94000001784</b> 1. Entity Name <b>CHILD HOPE, INC.</b>					
Principal Place of Business <b>7700 W 20 AVE SUITE A HIALEAH, FL 33016-1859 US</b>			Mailing Address <b>1550 MADRUGA AVENUE SUITE 331 CORAL GABLES, FL 33146</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>7700 W 20 AVE SUITE A HIALEAH, FL</b>			
City & State <b>HIALEAH, FL</b>		City & State <b>HIALEAH, FL</b>		4. FEI Number <b>65-0486169</b>	
Zip <b>33016-1859</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OSMAN, L M 1474-A WEST 84TH ST. HIALEAH, FL 33014-3363</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DELOACH, DAN 1101 SWAN AVENUE MIAMI SPRINGS, FL 33166</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M MITCHELL, KIETH A 1550 MADRUGA AVENUE, STE. 331 CORAL GABLES, FL 33146</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CAMPBELL, THOMAS 17801 NW 22ND AVE OPA LOCKA, FL 33056</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCHULZ, JOHNNY 2921 N 66 AVE HOLLYWOOD, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD OSMAN, MICHAEL L. 15820 TURNBERRY DR. MIAMI LAKES, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <b>Johnny Schulz</b> 4-26-04 305-822-4231					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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04222004 Chg-NP CR2E037 (10/03)