2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N96000003844

Entity Name: HOMES OF HOPE INTERNATIONAL, CORP.

Current Principal Place of Business:

P.O.BOX 1757
NEW SMYRNA BEACH, FL 32170

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1757
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 59-3405011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAEGER, CYNTHIA
4360 CLOVERCREST DR
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

JAEGER, CYNTHIA
4340 CLOVERCREST DR
NEW SMYRNA BEACH, FL 32168 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: _____ 01/16/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JAEGER, CYNTHIA
Address: 4360 CLOVERCREST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPTD ( ) Delete
Name: JAEGER, JOHN
Address: 4360 CLOVERCREST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: NOWELL, SANDY
Address: 1841 CAROLINA AVE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JAEGER, CYNTHIA
Address: 4340 CLOVERCREST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPTD (X) Change ( ) Addition
Name: JAEGER, JOHN
Address: 4340 CLOVERCREST DR
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA JAEGER PD 01/16/2006
Electronic Signature of Signing Officer or Director — Date