

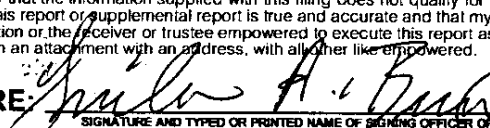


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000003188 1. Entity Name CIRCLE OF HOPE INC.			FILED 06 MAY -3 PM 1:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1550 WEST 9TH STREET JACKSONVILLE, FL 32209		Mailing Address 1550 WEST 9TH STREET JACKSONVILLE, FL 32209	
DO NOT WRITE IN THIS SPACE		 04162006 No Chg-NP CR2E037 (11/05)	
4. FEI Number 59-3470144		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, LINDA A 1550 WEST 10TH STREET JACKSONVILLE, FL 32209		DO NOT WRITE IN THIS SPACE	
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>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, LINDA 1550 W 10TH ST JACKSONVILLE, FL 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST WILLIAMS, TAMMY 2623 DIVISION ST JACKSONVILLE, FL 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, TERRY 1550 WEST 10TH STREET JACKSONVILLE, FL 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMILTON, BRENDOLYN 3533 HICKORY NUT ST JACKSONVILLE, FL 32209		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: 4/15/06 Daytime Phone #: 904-355-9840	