


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

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| DOCUMENT # N97000006843 |  |
| 1. Entity Name NEW HOPE DEVELOPMENT CENTER, INC. | |

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| Principal Place of Business 1881 NW 103 ST. MIAMI, FL 33147 | Mailing Address 1881 NW 103 ST. MIAMI, FL 33147 |
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

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| 4. FEI Number 65-0809597 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HOLTS, RANDALL E 17437 SW 36 STREET HOLLYWOOD, FL 33029 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP HOLTS, RANDALL E 17437 SW 36TH STREET HOLLYWOOD, FL 33029 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVP WILKINSON, KAREN E 7816 DILDO BLVD. HOLLYWOOD, FL 33023 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS SMITH, JEANNETTE 3380 KAPOT TERRACE HOLLYWOOD, FL 33025 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT FLUDD, BARBARA J 2000 NW 194 TERR. MIAMI, FL 33056 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/09/06-80019-008 70.00

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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: <i>Karen E. Wilkinson, DVP</i> KAREN E. WILKINSON <i>1/24/06</i> 305 696-7745 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|---|--|------|-----------------|