

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001450

FILED
Jan 09, 2008
Secretary of State

Entity Name: HOPE ENTERPRISES OF AMERICA, INC.

Current Principal Place of Business:

1629 GULF ROAD
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

1629 GULF ROAD
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-3501048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and 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:

Title: PSD () Delete
Name: CASATELLI, MARY
Address: 1629 GULF RD
City-St-Zip: TARPON SPRINGS, FL 34689

Title: VTD () Delete
Name: CASATELLI, ALEXANDER M
Address: 4943 CALAIS DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: V () Delete
Name: BALENT, MARLENE A
Address: 3132 HONEYMOON LANE
City-St-Zip: HOLIDAY, FL 34691

Title: V (X) Delete
Name: PETERS, RAVEN D
Address: 6841 WESTEND AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: PETERS, RAVEN A
Address: 6841 WESTEND AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

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

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: ALEX M CASATELLI

VTD

01/09/2008

Electronic Signature of Signing Officer or Director

Date