## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001557

FILED Apr 30, 2006 Secretary of State

Entity Name: NEW HOPE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
1195 NW 1 MIAMI, FL	24 STREET 33168 US	3			
Current Mailing Address:		New Mailing	New Mailing Address:		
14855 SW MIRAMAR	39 CT FL 33027	US			
FEI Number:	65-0841094	FEI Number Applied For ( )	FEI Number Not Applica	able ( ) Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and A	ddress of New Registered Agent:	
	ARIE M 39 COURT FL 33027	US			
	named entity of Florida.	submits this statement for the	purpose of changing its	registered office or registered agent, or both,	
SIGNATUF					
	Electro	onic Signature of Registered Ag	ent	Date	
OFFICERS	S AND DIRE	CTORS:	ADDITIONS	CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( MORIN, MAR 14855 SW 39 MIRAMAR, FI	COURT	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address:	DS ( SILNEY, NOR 560 NE 151 S MIAMI, FL 33	TREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Name: Address: City-St-Zip: Title: Name: Address:	SILNEY, NOR 560 NE 151 S MIAMI, FL 33	MA TREET 167 ) Delete ELAIRE STREET	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	SILNEY, NOR 560 NE 151 S MIAMI, FL 33 DT ( DESIUS, DUC 1265 NW 122 MIAMI, FL 33	MA ITREET 167  ) Delete CLAIRE STREET 167  ) Delete ACYNTHE PL	Name: Address: City-St-Zip: Title: Name: Address:	., -	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	SILNEY, NOR 560 NE 151 S MIAMI, FL 33 DT (DESIUS, DUC 1265 NW 122 MIAMI, FL 33 DT (MAURICE, HI 18630 NW 11 MIAMI, FL 33	MA TREET 167  ) Delete LAIRE STREET 167  ) Delete ACYNTHE PL 169  ) Delete DUISA TH AVENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: MARIE MAUD MORIN P 04/30/2006