2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N98000005086

Entity Name: H.O.P.E. FOR PARENTS OF EXCEPTIONAL CHILDREN, INC.

Current Principal Place of Business:

2614 PEMBROKE DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2614 PEMBROKE DRIVE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 34-2031993 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORSON, PAUL
2614 PEMBROKE DR
PANAMA CITY, FL 32405 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: D ( ) Delete
Name: MORSON, VICTORIA L
Address: 2614 PEMBROKE DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: MORSON, PAUL
Address: 2614 PEMBROKE DR
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: NELSON, MIKE
Address: 2614 PEMBROKE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: KENANY, M.D., EEHAB
Address: 2614 PEMBROKE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: LONE, JOYCE
Address: 2614 PEMBROKE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: KENAWY, M.D., EEHAB
Address: 2614 PEMBROKE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

Title: D (X) Change ( ) Addition
Name: LONG, JOYCE
Address: 2614 PEMBROKE DRIVE
City-St-Zip: PANAMA CITY, FL 32405

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: VICTORIA L MORSON P 04/29/2006

Electronic Signature of Signing Officer or Director — Date