## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000006266

FILED Jun 30, 2004 Secretary of State

Entity Name: TOMORROW'S HOPE, HI TECH INC. **Current Principal Place of Business: New Principal Place of Business:** 5310 ALPHA DRIVE ORLANDO, FL 32810 **Current Mailing Address: New Mailing Address:** 5310 ALPHA DRIVE ORLANDO, FL 32810 FEI Number: 59-3545246 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIEMILLER, BEVERLY 5310 ALPHA DRIVE ORLANDO, FL 32810 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BIEMILLER, BEVERLY Name: Name: Address: 7231 BELASCO AVENUE Address: City-St-Zip: ORLANDO, FL 32810 City-St-Zip: Title: () Delete Title: () Change () Addition NOVATNAK, DANIEL Name: Name: Address: 3128 ALBIN LANE Address: City-St-Zip: ORLANDO, FL 32817 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition NANUS, FRED CPA Name: VANZANDT, STEPHEN Name: 4819 SHORELINE CIRCLE Address: Address: 140 BIRCHWOOD DRIVE City-St-Zip: SANFORD, FL 32771 City-St-Zip: MAITLAND, FL 32751 Title: (X) Delete Title: () Change () Addition Name: HAFT, ARTHUR Name: 157 COUNTRY CREEK ROAD #211 Address: Address: City-St-Zip: LAKE MARY, FL City-St-Zip: Title: Title: (X) Delete () Change () Addition VANZANDT, STEPHEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: BEVERLY BIEMILLER Ρ 06/30/2004

140 BIRCHWOOD DRIVE

MAITLAND, FL 32751

Address: City-St-Zip: