

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 12, 2006  
Secretary of State

DOCUMENT# N98000006917

Entity Name: THERE IS A HOPE FOUNDATION, INC.

**Current Principal Place of Business:**

2940 DELCREST DR.  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

2940 DELCREST DR.  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 59-3559171

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHU, LARRY  
2940 DELCREST DR.  
ORLANDO, FL 32817 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: PD ( ) Delete  
Name: CHU, LARRY  
Address: 2940 DELCREST DR.  
City-St-Zip: ORLANDO, FL 32817

Title: VD ( ) Delete  
Name: CHU, HOA  
Address: 2940 DELCREST DR.  
City-St-Zip: ORLANDO, FL 32817

Title: SD ( ) Delete  
Name: PHAM, THUY  
Address: 12640 WINONA CT.  
City-St-Zip: BROOMFIELD, CO 80020

Title: TD ( ) Delete  
Name: PHAN, HOA  
Address: 571 S.W. 176 AVE.  
City-St-Zip: PEMBROKE PINES, FL 33029

**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: TD (X) Change ( ) Addition  
Name: VU, SAVIO  
Address: 2940 DELCREST DR.  
City-St-Zip: ORLANDO, FL 32817

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: DR. CONG CHU

PD

03/12/2006

Electronic Signature of Signing Officer or Director

Date