FILED May 28, 2002 8:00 am Secretary of State

FUR P	KUTII GU	JRPUKAII	JN
UNIFORM	BUSINES	S REPORT	(UBR

DOCUMENT # P0000065003 05-28-2002 91748 028 ***150.00 NEW LIFE / HOPE CORP. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2001 Broadway St 4267 NW Federal Hwy Suite, Apt. #, etc. PmB- 148 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number Beach Jensen Beach 65-0868200 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name DANIEL J. Kurek DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2138 SE. Herron CityPort St. Lucie 8. 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 January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Tax filling requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE CR2E034B (12/01) Lesane Chavoita E. 922 Olive Tree Circle West Palm Beach R NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FC 33413 TITLE TITLE Kurek. Kurek, DANSel J. 2138 SE Henron Aue NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY, ST. 7/P Port St. Lucre, FL 34952 TITLE TITLE Butts Elmon NAME NAME 922 Olive Tree Circle STREET ADDRESS STREET ADDRESS DO NOT WRITE vest Palm Beach, FC CITY ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like emp

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Daniel J Kurek 5/17/02