2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000065002

Entity Name: NEW LIFE / HOPE CORP.

Apr 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2001 BROADWAY ST 4267 NW FEDERAL HWY JENSEN BEACH, FL 34957 STE 200 RIVIERA BEACH, FL 33404 **New Mailing Address: Current Mailing Address:** 4267 NW FEDERAL HWY PMB-148 JENSEN BEACH, FL 34957 FEI Number: 65-0868200 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: KUREK, DANIEL J 2138 SÉ HERRON AVE PORT SAINT LUCIE, FL 34952 US 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LESANE, CHAVOITA E Name: Name: 922 OLIVE TREE CIRCLE Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: VPT Title: Title: () Delete () Change () Addition Name: KUREK, DANIEL J Name: 2138 SE HERRON AVENUE Address: Address: PORT SAINT LUCIE, FL 34952 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition MCDANNOLD, WILLIAM Name: Name: 143 SW BEDFORD RD Address: Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: (X) Delete Title: () Change () Addition LESANE, SABRINA L Name: Name: Address: 143 SW BEDFORD RD Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip: Title: Title: () Delete (X) Change () Addition BUTTS, ELMON Name: BUTTS, ELMON Name: 922 OLIVE TREE CIRCLE 143 BEDFORD ROAD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: PORT ST LUCIE, FL 34953

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL KUREK V-P 04/23/2004