# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 29, 2006**
**Secretary of State**

DOCUMENT# P03000044568

**Entity Name:** H.O.P.E. ESTATES, INC.

**Current Principal Place of Business:**

7023 WATERSIDE DRIVE
206
TAMPA, FL 33617

**New Principal Place of Business:**

4609 SNOOK DR.
TAMPA, FL 33617

**Current Mailing Address:**

7023 WATERSIDE DRIVE
206
TAMPA, FL 33617 US

**New Mailing Address:**

4609 SNOOK DR.
206
TAMPA, FL 33617 US

**FEI Number: 06-1690937** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BLASH, PASSION
7023 WATERSIDE DRIVE
206
TAMPA, FL 33617 US

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

BLASH, PASSION
4609 SNOOK DR.
TAMPA, FL 33617 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: _____ 08/29/2006
Electronic Signature of Registered Agent — Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: BLASH, PASSION
Address: 7023 WATERSIDE DRIVE #206
City-St-Zip: TAMPA, FL 33617 US

Title: S/T ( ) Delete
Name: JONES, THOMAS
Address: 7023 WATERSIDE DRIVE #206
City-St-Zip: TAMPA, FL 33617 US

Title: VP ( ) Delete
Name: JONES, LOUIS
Address: 4217 16TH ST.
City-St-Zip: TAMPA, FL 33610 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: BLASH, PASSION
Address: 4609 SNOOK DR.
City-St-Zip: TAMPA, FL 33617 US

Title: S/T (X) Change ( ) Addition
Name: JONES, THOMAS
Address: 4609 SNOOK DR.
City-St-Zip: TAMPA, FL 33617 US

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

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

SIGNATURE: PASSION BLASH P 08/29/2006
Electronic Signature of Signing Officer or Director — Date