


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000067185 1. Entity Name ISLANDS OF HOPE HOLDINGS, INC.	
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Principal Place of Business 5539 ALTA VISTA STREET SARASOTA, FL 34232	Mailing Address 5539 ALTA VISTA STREET SARASOTA, FL 34232
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DO NOT WRITE IN THIS SPACE

FILED
May 07, 2007 08:00 AM
Secretary of State



05052007 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YODER, JOHN A 5539 ALTA VISTA STREET SARASOTA, FL 34232

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when rotating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D YODER, JOHN A 5539 ALTA VISTA STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D YODER, SAMUEL J 3350 BAY STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YODER, AMOS 5539 ALTA VISTA STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D YODER, LYDIA MAE 5539 ALTA VISTA STREET SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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05/25/07-80060-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John A Yoder 5-5-07 941-356-550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

please make exception for lateness as we had