2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062337

Entity Name: HOPE PROVIDERS, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 520 NW 165 STREET ROAD 1492 NW 196 STREET **SUITE # 205** MIAMI, FL 33169 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** 520 NW 165 STREET ROAD 1492 NW 196 STREET SUITE # 205 MIAMI, FL 33169 MIAMI, FL 33169 FEI Number: 65-0767364 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: BENEDICT, LLOYD 4835 HOLLYWOOD BLVD SUITE#2 HOLLYWOOD, FL 33021 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 HOPE, CAROL H Name: Name: 1492 NW 196TH ST Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete HOPE, MICHAEL D Name: Name: 1492 NW 196 ST Address: Address: MIAMI, FL 33169 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL HOPE VP 04/30/2008