


**2007 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # N02000001533</b>			
1. Entity Name <b>HOPE MINISTRIES INTERNATIONAL, INC OF TAMPA, FLORIDA</b>			
Principal Place of Business <b>1850 PROVIDENCE LAKE BLVD APT 106 BRANDON, FL 33511 US</b>		Mailing Address <b>1850 PROVIDENCE LAKE BLVD APT 106 BRANDON, FL 33511 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1850 PROVIDENCE LAKE BLVD</b>		3. Mailing Address <b>1850 PROVIDENCE LAKE BLVD</b>	
Suite, Apt. #, etc. <b>APT 104</b>		Suite, Apt. #, etc. <b>APT 104</b>	
City & State <b>BRANDON, FL</b>		City & State <b>BRANDON, FL</b>	
Zip <b>33511</b>		Country <b>US</b>	
Country <b>US</b>		Zip <b>33511</b>	
Country <b>US</b>		Country <b>US</b>	
4. FEI Number <b>03-0411555</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARTINEZ, ANALIA A 1850 PROVIDENCE LAKE BLVD APT 104 BRANDON, FL 33511</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
<b>FL</b>		<b>FL</b>	
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 _____ DATE _____			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	NAME <b>MARTINEZ, HUGO A</b>	TITLE	NAME
STREET ADDRESS <b>11121 DINO CIR APT 32</b>	CITY-ST-ZIP <b>GARDEN GROVE, CA 92840</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>CISTERNA, MARIA E</b>	TITLE	NAME
STREET ADDRESS <b>11101 DINO CIR APT 32</b>	CITY-ST-ZIP <b>GARDEN GROVE, CA 92840</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>FURLONG, GUILLERMO E</b>	TITLE <b>D</b>	NAME <b>FURLONG, GUILLERMO E</b>
STREET ADDRESS <b>AVE LACROZE 2882, 3 PISO APT.C</b>	CITY-ST-ZIP <b>BUENOS AIRES ARGENTINA, 00 1430</b>	STREET ADDRESS <b>1617 E. BALL RD.</b>	CITY-ST-ZIP <b>ANAHEIM, 92805 CA, US</b>
TITLE <b>D</b>	NAME <b>DOMINGUEZ, DANIEL E</b>	TITLE	NAME
STREET ADDRESS <b>MENDOZA 1381</b>	CITY-ST-ZIP <b>BUENOS AIRES ARGENTINA 1428, 00 1428</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>DELETE, DELETE 0</b>	TITLE	NAME
STREET ADDRESS <b>DELETE</b>	CITY-ST-ZIP <b>DELETE, 00 00000</b>	STREET ADDRESS	CITY-ST-ZIP
TITLE <b>D</b>	NAME <b>MORALES, ISAAC</b>	TITLE	NAME
STREET ADDRESS <b>1850 PROVIDENCE LAKES BLVD APT 104</b>	CITY-ST-ZIP <b>BRANDON, FL 33511</b>	STREET ADDRESS	CITY-ST-ZIP
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 617, 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: _____		Date: <b>4/20/07</b> (714) 658-3068	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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