


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

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 761785 1. Entity Name FOOD FOR THE POOR, INC.	
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Principal Place of Business 6401 LYONS RD COCONUT CREEK, FL 33073	Mailing Address 6401 LYONS RD COCONUT CREEK, FL 33073
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01252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2174510	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRICE, DAVID T ESQ 6401 LYONS RD COCONUT CREEK, FL 33073

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$81.25 Due by May 1, 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	PD MAHFOOD, ROBIN 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONINA, GRACE 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISSA, FRANCIS PO BOX 470007 CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREIRA, ALVARO J 1968 ROTHERHAM WAY ATLANTA, GA 30338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKISSOON, FR GREGORY 550 SW 12TH AVE BLDG 4 DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRICE, DAVID T 550 SW 12TH AVE. BLDG 4 DEERFIELD BEACH, FL 33442

<p>U00000624261 02/14/07-80025-004 70.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	David T. Price	1/31/07 954-421-9399
	Date	Daytime Phone #