2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000007347

1. Entity Name

WE THE PEOPLE UNITED, INC.



FILED Mar 17, 2006 08:00 AM Secretary of State

Principal Place of Business

675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 Mailing Address

675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411



DO NOT WRITE IN THIS SPACE 01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 52-2384621 Applied For Not Applicat:

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTAMARIA, JESS R 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ad office or s	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or primed name of registered agent and title if applicable. (NOTE: Registered				a required wiven reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000472502 03/29/06-80039-008 81.25	
19.	OFFICERS AND DIRECTORS					
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	OPT SANTAMARIA, JESS R 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411					
TITLE HAME STREET ADDRESS DITY-ST-2IP	D NIELSEN, RICHARD D 152 KAPOK CRESCENT ROYAL PALM BEACH, FL 33411					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAMARIA, CHRISTOPHER 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS						

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 writing address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/06

(561) 793-2350

Daynima Phone #