


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N9400000027
 1. Entity Name
FOOD FOR THE POOR FOUNDATION, INC.



Principal Place of Business ... Mailing Address
550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442 **550 S.W. 12TH AVE. DEERFIELD BEACH, FL 33442**

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01042005 No Chg-NP CR2E037 (10/03)
 4. FEI Number **65-0469691** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PRICE, DAVID T
550 S.W. 12 AVE.
DEERFIELD BEACH, FL 33442

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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: *David T. Price* DATE: 1-4-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000183535
 01/19/05-80070-018 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRICE, DAVID T 550 S.W. 12TH AVENUE DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONINA, GRACE 10105 UMBERLAND PL BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMKISSOON, FR. GREGORY 1 MAHOE DR. BOX 267 KINGSTON 11, JAMAICA, W. I.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David T. Price* DATE: 1-4-05 DAYTIME PHONE #: 954-421-9399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR