
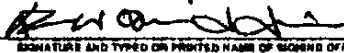


**FILED**  
**Jun 10, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90133 002 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P04000100894</b>			
1. Entity Name <b>PEOPLE'S FOOD &amp; GAS CORP.</b>			
Principal Place of Business <b>626 W GORE AVE ORLANDO, FL 32805</b>		Mailing Address <b>626 W GORE AVE ORLANDO, FL 32805</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HOSSAIN, MOHAMMED 626 W GORE AVE ORLANDO, FL 32805</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		FL	Zip Code
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 is required when re-appointing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSSAIN, MOHAMMED</b>	NAME	
STREET ADDRESS	<b>626 W GORE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UDDIN, DEWAN W</b>	NAME	
STREET ADDRESS	<b>626 W GORE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEWAN, AHMED I</b>	NAME	
STREET ADDRESS	<b>626 W GORE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>MOHAMMED HOSSAIN</b>
STREET ADDRESS		STREET ADDRESS	<b>2496 TANDORI CIRCLE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>ORLANDO - FL- 32837, OFFICER.</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: 		3/12/5 407 256 7222	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Case Daytime Phone</small>	

66022577



03122005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1330737** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

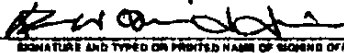
FL Zip Code

**FILE NOW!!! FEE IS \$150.00  
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Trust Fund Contribution.  **\$5.00** May Be  
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NAME	<b>HOSSAIN, MOHAMMED</b>	NAME	
STREET ADDRESS	<b>626 W GORE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>UDDIN, DEWAN W</b>	NAME	
STREET ADDRESS	<b>626 W GORE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEWAN, AHMED I</b>	NAME	
STREET ADDRESS	<b>626 W GORE AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 32805</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<b>MOHAMMED HOSSAIN</b>
STREET ADDRESS		STREET ADDRESS	<b>2496 TANDORI CIRCLE</b>
CITY-ST-ZIP		CITY-ST-ZIP	<b>ORLANDO - FL- 32837, OFFICER.</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE:  3/12/5 407 256 7222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone