

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006337

FILED
Mar 18, 2008
Secretary of State

Entity Name: PEOPLE AIDING PEOPLE, INC.

Current Principal Place of Business:

693 N.E. 82 TERRACE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

693 N.E. 82 TERRACE
MIAMI, FL 33138

New Mailing Address:

FEI Number: 65-0874181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, SID
693 N.E. 82 TERRACE
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNIGHT, MARK
Address: 500 NE 63RD STREET
City-St-Zip: MIAMI, FL 33138

Title: VP () Delete
Name: COLEMAN, LIONITA
Address: 9239 SOUTHAMPTON PL
City-St-Zip: BOCA RATON, FL 33434

Title: P () Delete
Name: MORRIS, CARMEN
Address: 693 N.E. 82 TERRACE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: MORRIS, SID
Address: 693 N.E. 82 TERRACE
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: CLAYTON, FRANK
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: CLAYTON, BLONDIE
Address: 525 ARABELLA LANE
City-St-Zip: COCOA, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN KAHILL-MORRIS

PRES

03/18/2008

Electronic Signature of Signing Officer or Director

_____ Date