

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006343

FILED
Apr 28, 2008
Secretary of State

Entity Name: WE THE PEOPLE, INC. OF THE UNITED STATES

Current Principal Place of Business:

1882 CAPITAL CIRCLE NE
SUITE 206
TALLAHASSEE, FL 32308

New Principal Place of Business:

1535 KILLEARN CENTER BLVD.
SUITE B-3
TALLAHASSEE, FL 32309

Current Mailing Address:

1882 CAPITAL CIRCLE NE
SUITE 206
TALLAHASSEE, FL 32308

New Mailing Address:

1535 KILLEARN CENTER BLVD.
SUITE B-3
TALLAHASSEE, FL 32309

FEI Number: 22-2879757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REEVES, BILL ESQ.
1882 CAPITAL CIRCLE NE
SUITE 206
TALLAHASSEE, FL 32308 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: PTD () Delete
Name: COMLEY, STEPHEN B
Address: MANSION DRIVE
City-St-Zip: ROWLEY, MA 01969

Title: VD () Delete
Name: REEVES, BILL ESQ.
Address: 1882 CAPITAL CIRCLE NE #206
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: HARRIS, ANN
Address: 341 SWING LOOP
City-St-Zip: ROCKWOOD, TN 37854

Title: D () Delete
Name: COMLEY, STEPHEN B II
Address: MANSION DRIVE
City-St-Zip: ROWLEY, MA 01969

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
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: BILL REEVES

VD

04/28/2008

Electronic Signature of Signing Officer or Director

Date