

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816683

FILED
Apr 28, 2006
Secretary of State

Entity Name: PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC.

Current Principal Place of Business:

255 CARTER HALL LANE
MILLWOOD, VA 22646

New Principal Place of Business:

Current Mailing Address:

255 CARTER HALL LANE
MILLWOOD, VA 22646

New Mailing Address:

FEI Number: 53-0242962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: COB () Delete
Name: SANDERS, CHARLES A.,
Address: EUROPA CENTER, 100 EUROPA DR #170
City-St-Zip: CHAPEL HILLS, NC 27514

Title: CFO () Delete
Name: IWIG, DEBORAH R
Address: 255 CARTER HALL LANE
City-St-Zip: MILLWOOD, VA 22646

Title: CEO () Delete
Name: HOWE, JOHN P III, MD
Address: 255 CARTER HALL LANE
City-St-Zip: MILLWOOD, VA 22646

Title: DT (X) Delete
Name: HENRY, WILLIAM L.,
Address: 1229 WASHINGTON STREET
City-St-Zip: PITTSBURGH, PA 15228

Title: D () Delete
Name: CLEMENTE, C.L.
Address: 240 EAST 39TH STREET #31H
City-St-Zip: NEW YORK, NY 10016

Title: DS () Delete
Name: OGDEN, DAYTON
Address: 695 EAST MAIN STREET
City-St-Zip: STAMFORD, CT 06901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 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: DEBORAH R IWIG

CFO

04/28/2006

Electronic Signature of Signing Officer or Director

Date