


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003014	
1. Entity Name THE NEW RESPONSIBLE PEOPLE-PET OWNERSHIP SELF-EDUCATIONAL FOUNDATION, INC.	

Principal Place of Business 1170 N.W. 79 ST., 208-B MIAMI, FL 33150	Mailing Address 1170 N.W. 79 ST., 208-B MIAMI, FL 33150
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04122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NEW GRAF PAIGE AND ASSOCIATES, INC. 1170 N.W. 79 ST., 208-B MIAMI, FL 33150
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**DO NOT WRITE
IN THIS SPACE**

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 *graf paige* (NOTE: Registered Agent signature required when reinstating) DATE 4-13-06

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PAIGE, WILLIAM G 1170 N.W. 79 ST., 208-B MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PAIGE, PATRICK H 7819 N.W. 228TH STREET RAIFORD, FL 320264230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLADE, SCHALLOT C 1170 N.W. 79 ST., 208-B MIAMI, FL 33150
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05/20/06-80020-001 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *William G. Paige* 4-13-06 (305) 694-9676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #