


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F95000001381	
1. Entity Name LITTLE PEOPLE'S RESEARCH FUND, INC.	

Principal Place of Business 616 OLD EDMONMSON AVE 2ND FL CATONSVILLE, MD 21228-3308 5	Mailing Address 616 OLD EDMONMSON AVE 2ND FL CATONSVILLE, MD 21228-3308 5
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-1195574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHAFFER, VONNIE 329 - 12TH AVE INDIAN ROCKS BEACH, FL 33785	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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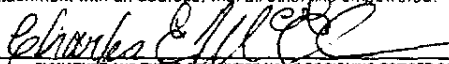
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCELWEE, CHARLES E 1418 LINCOLN WOODS DR. CATONSVILLE, MD 212283305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DUGOFF, DAVID A 3305 SHIRLEY LN CHEVY CHASE, MD 20815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DENISON, ROBERT 34 STONE MANOR ST TOWSON, MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENISON, ROBERT K 34 STONE MANOR COURT TOWSON, MD 21204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLEFIELD, FLORAINE 111 HAMLET HILL ROAD, APT. 1112 BALTIMORE, MD 21210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000239160
04/11/05-80096-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	1/14/05 410-747-1100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>

CHARLES E. MCELWEE

1/14/05 410-747-1100