


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90011 023 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 52-1195574	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHAFER, VONNIE 329 - 12TH AVE INDIAN ROCKS BEACH, FL 33785			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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) DATE</small>					
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	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCELWEE, CHARLES E		NAME		
STREET ADDRESS	1418 LINCOLN WOODS DR.		STREET ADDRESS		
CITY-ST-ZIP	CATONSVILLE, MD 212283305		CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUGOFF, DAVID A		NAME		
STREET ADDRESS	3305 SHIRLEY LN		STREET ADDRESS	7106 RIDGEWOOD AVE	
CITY-ST-ZIP	CHEVY CHASE, MD 20815		CITY-ST-ZIP	CHEVY CHASE MD 20815	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENISON, ROBERT		NAME		
STREET ADDRESS	34 STONE MANOR ST		STREET ADDRESS		
CITY-ST-ZIP	TOWSON, MD 21204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DENISON, ROBERT K		NAME		
STREET ADDRESS	34 STONE MANOR COURT		STREET ADDRESS		
CITY-ST-ZIP	TOWSON, MD 21204		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPLEFIELD, FLORAINE		NAME		
STREET ADDRESS	111 HAMLET HILL ROAD, APT. 1112		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21210		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 amendments.					
SIGNATURE: CHARLES E. MCELWEE, ACTING EXECUTIVE DIRECTOR <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/2006 410-747-1100 <small>Date Daytime Phone #</small>		

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