2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001673

Entity Name: PEOPLETECH, INC

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

KINSLER, WENDY MS.

6802 WILSHIRE CT.

TAMPA, FL 33615 US

JOHNSON, JAMES MR.

8514 WOODALL CT.

TAMPA, FL 33615 US

() Delete

Apr 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8837 W. PATTERSON STREET TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 8837 W. PATTERSON STREET TAMPA, FL 33615 FEI Number: 59-3631976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RESCHMAN, IRA MR. 8837 W. PATTERSON STREET TAMPA, FL 33615 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RESCHMAN, KRISTIN Z MS. Name: Name: 8837 W. PATTERSON ST. Address: Address: City-St-Zip: TAMPA, FL 33615 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: RESCHMAN, IRA MR. Name: RESCHMAN, IRA MR. Address: 8837 W. PATTERSON STREET Address: 8837 W. PATTERSON STREET City-St-Zip: TAMPA, FL 33615 US City-St-Zip: TAMPA, FL 33615 US Title: () Delete Title: () Change () Addition NALEZYNSKI, THEO MR. Name: Name: 6461 SOLANO CT., APT. 236 Address: Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: IRA RESCHMAN VP 04/17/2006

() Change () Addition