2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007
Secretary of State

DOCUMENT# N00000006055

Entity Name: PEOPLE FOR TREES, INC.

Current Principal Place of Business:

3597 FROUDE STREET
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

3597 FROUDE STREET
NORTH PORT, FL 34286

New Mailing Address:

FEI Number: 59-3669626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WHITE, ALICE
3597 FROUDE STREET
NORTH PORT, FL 34286 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: PD ( ) Delete
Name: WHITE, ALICE
Address: 3597 FROUDE ST
City-St-Zip: NORTH PORT, FL 34286

Title: VPV ( ) Delete
Name: MASSEY, LINDA
Address: 221 SCHOONER ST.
City-St-Zip: NORTH PORT, FL 34287

Title: T ( ) Delete
Name: OLLINGER, VALERIE
Address: 6756 VAN CAMP ST
City-St-Zip: NORTH PORT, FL 34286

Title: SD ( ) Delete
Name: DOEFSAM, DORIS
Address: 3656 SLAYTON AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SD (X) Change ( ) Addition
Name: DOERSAM, DORIS
Address: 3656 SLAYTON AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: DR ( ) Change (X) Addition
Name: HALE, ALLAIN
Address: 5327 DENSAW AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: DR ( ) Change (X) Addition
Name: NICOL, MARY
Address: 5800 SABAL TRACE DRIVE # 401
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify 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: ALICE WHITE PD 05/29/2007

Electronic Signature of Signing Officer or Director — Date