2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2007
Secretary of State

DOCUMENT# N02000001930

Entity Name: THE PEOPLE OF POMPANO, INC.

Current Principal Place of Business:

305 N. POMPANO BEACH BLVD.
1511
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

C/O 305 N POMPANA BCH BLVD STE 1511
POMPANO BEACH, FL 33062

New Mailing Address:

C/O 305 N POMPANO BCH BLVD STE 1511
POMPANO BEACH, FL 33062

FEI Number: 04-3673488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GORDON, BARBARA L
305 N POMPANO BCH BLV DSTE 1511
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

GORDON, BARBARA L
305 N POMPANO BCH BLVD STE 1511
POMPANO BEACH, FL 33062 US

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: 03/25/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GORDON, BARBARA L
Address: 305 N POMPANO BCH BLVD STE 1511
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: SIM ROSS, LYNN
Address: 3406 ROBBINS RD
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: GRAFF, JACQUILINE
Address: 342 DOVER RD
City-St-Zip: POMPANO BEACH, FL 33062

Title: D ( ) Delete
Name: CASTENHOLZ, PORTIA
Address: 2251 NE 8TH CT
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SIMROSS, LYNN
Address: 3406 ROBBINS RD
City-St-Zip: POMPANO BEACH, FL 33062

Title: D (X) Change ( ) Addition
Name: GLAFF, JACQUILINE
Address: 342 DOVER RD
City-St-Zip: POMPANO BEACH, FL 33062

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

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.

SIGNATURE: BARBARA L GORDON D 03/25/2007
Electronic Signature of Signing Officer or Director — Date