

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90074 013 ****61.25

DOCUMENT # N02000003295

1. Entity Name
FEED MY PEOPLE, INC.



Principal Place of Business 18350 NW 2ND AVE STE #401 MIAMI, FL 33169	Mailing Address 18350 NW 2ND AVE STE #401 MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 73-1643072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OVIASOGIE, PHILIP
 18350 NW 2ND AVE STE #401
 MIAMI, FL 33169**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVIASOGIE, PHILIP 18350 NW 2ND AVE STE #401 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVIASOGIE, PURIFICACION 18350 NW 2ND AVE STE #401 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OVIASOGIE, GERALD 18350 NW 2ND AVE STE #401 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTA, EDIA 18350 NW 2ND AVE STE #401 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANCILIEN, PASTOR TONY 18350 NW 2ND AVE STE #401 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Philip Oviasogie PHILIP OVIASOGIE 4/13/05 305 785-5727
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #