

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003295

FILED
Apr 03, 2009
Secretary of State

Entity Name: FEED MY PEOPLE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 73-1643072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVIASOGIE, PHILIP
18350 NW 2ND AVE STE #401
MIAMI, FL 33169 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: D () Delete
Name: OVIASOGIE, PHILIP
Address: 18350 NW 2ND AVE STE #401
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: OVIASOGIE, PURIFICACION
Address: 18350 NW 2ND AVE STE #401
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: OVIASOGIE, GERALD
Address: 18350 NW 2ND AVE STE #401
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MATTA, EDIA
Address: 18350 NW 2ND AVE STE #401
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: ANCILIEN, PASTOR TONY
Address: 18350 NW 2ND AVE STE #401
City-St-Zip: MIAMI, FL 33169

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

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

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: PHILIP OVIASOGIE

D

04/03/2009

Electronic Signature of Signing Officer or Director

Date