



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000005977	
1. Entity Name THE PEOPLE'S COMMUNITY OUTREACH AND DEVELOPMENT CENTER FOUNDATION, INC.	

Principal Place of Business 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157	Mailing Address 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



06032006 No Chg-NP CR2E037 (4/06)

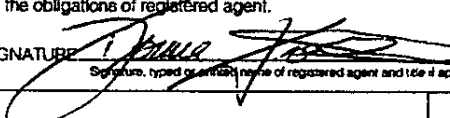
4. FEI Number 65-1040212	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CAMPBELL, ROY A
10061 SOUTHWEST 158TH TERRACE
MIAMI, FL 33157**

**DO NOT WRITE
IN THIS SPACE**

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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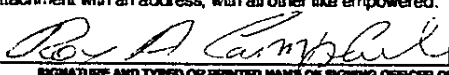
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMSON-HILL, ANNETTE 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMON, ANGELA 16551 SW 1030 PLACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CAMPBELL, ROY A 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, PETHRONA L 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINTON, DAWN 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, CLAYBURN 10061 SOUTHWEST 158TH TERRACE MIAMI, FL 33157

**DO NOT WRITE
IN THIS SPACE**

000000574138
08/11/06-80005-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  8/9/06 Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR