2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007
Secretary of State

DOCUMENT# N03000003189

Entity Name: MOTIVATED ORGANIZATION FOR PEOPLE HELPING PEOPLE INC.

Current Principal Place of Business:

2403 W. CYPRESS ST
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

2403 W CYPRESS ST
TAMPA, FL 33609

New Mailing Address:

FEI Number: 01-0728131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

FLEMISTER, OZIE
2403 W CYPRESS ST
TAMPA, FL 33609 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: FLEMISTER, OZIE
Address: 2403 W CYPRESS
City-St-Zip: TAMPA, FL 33609

Title: DP ( ) Delete
Name: FLEMISTER, CHANTY
Address: 2403 W CYPRESS
City-St-Zip: TAMPA, FL 33609

Title: DS ( ) Delete
Name: FLEMISTER, MELISSA
Address: 2403 W CYPRESS
City-St-Zip: TAMPA, FL 33609

Title: DT ( ) Delete
Name: FLEMISTER, JENNIFER
Address: 2403 W CYPRESS
City-St-Zip: TAMPA, FL 33609

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:

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: OZIE FLEMISTER D 08/21/2007

Electronic Signature of Signing Officer or Director — Date