


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90241 038 \*\*\*\*61.25

<b>DOCUMENT # N03000007963</b>	
1. Entity Name PEACE EDUCATION FOUNDATION OF FLORIDA, INC.	

Principal Place of Business 2318 SCOTT STREET HOLLYWOOD, FL 33020	Mailing Address 2318 SCOTT STREET HOLLYWOOD, FL 33020
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2. Principal Place of Business 6931 COOLIDGE ST. Suite, Apt. #, etc.	3. Mailing Address 6931 COOLIDGE ST. Suite, Apt. #, etc.
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City & State HOLLYWOOD FL	City & State HOLLYWOOD FL
Zip 33024	Country BROWARD
Zip 33024	Country BROWARD



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-0230947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, CECIL W DR.  
2318 SCOTT STREET  
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name SCOTT, CECIL W. DR.  
 Street Address (P.O. Box Number is Not Acceptable)  
 6931 COOLIDGE STREET  
 City HOLLYWOOD FL Zip Code 33024

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 Cecil Scott DATE 3/14/06

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	SCOTT, CECIL W DR. <input type="checkbox"/> Delete	TITLE P	6931 COOLIDGE STREET <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CECIL W DR.	NAME	6931 COOLIDGE STREET
STREET ADDRESS	<del>2318 SCOTT ST</del>	STREET ADDRESS	HOLLYWOOD FL 33024
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	HOLLYWOOD FL 33024
TITLE VP	IRVING, MAUREEN <input type="checkbox"/> Delete	TITLE P	5593 RAMBLER ROSE WAY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRVING, MAUREEN	NAME	5593 RAMBLER ROSE WAY
STREET ADDRESS	<del>2318 SCOTT ST</del>	STREET ADDRESS	WEST PALM BEACH FL 33415
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	WEST PALM BEACH FL 33415
TITLE D	SCOTT, RICHARD C <input checked="" type="checkbox"/> Delete	TITLE D	WARD, SINCLAIR ST. CLAIR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, RICHARD C	NAME	WARD, SINCLAIR ST. CLAIR
STREET ADDRESS	<del>2318 SCOTT ST</del>	STREET ADDRESS	4450 NW 32ND STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	LAUDERDALE LAKES FL 33319
TITLE D	PERRY, YVONNE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, YVONNE	NAME	
STREET ADDRESS	2318 SCOTT ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
TITLE S	DENNIS, JULETTE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENNIS, JULETTE	NAME	
STREET ADDRESS	2318 SCOTT ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	
TITLE D	BUCHANAN, ADDENET <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCHANAN, ADDENET	NAME	
STREET ADDRESS	2318 SCOTT ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	CITY-ST-ZIP	

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: CECIL SCOTT Cecil Scott DATE 3/14/06 954  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #