2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000895

Entity Name: HEALTH TO THE PEOPLE, INC.

FILED Mar 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4107 WIMBLEDON DR #103 11200 SW 13 STREET

COOPER CITY, FL 33026 APT. #102

PEMBROKE PINES, FL 33025 US

Current Mailing Address: New Mailing Address:

4107 WIMBLEDON DR #103 P.O. BOX 260373

COOPER CITY, FL 33026 PEMBROKE PINES, FL 33026 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROMERO, GUILLERMO A

4107 WIMBLEDON DR #103

2120 NW 117 TERRACE

PEMBROYE PINES EL 22026

COOPER CITY, FL 33026 US PEMBROKE PINES, FL 33026 US

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: GUILLERMO A. ROMERO 03/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change() Addition

Name: ROMERO, GUILLERMO A JR Name:

 Address:
 11200 SW 13 ST
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition Name: ROMERO, GUILLERMO A Name: ROMERO, GUILLERMO A

Name: ROMERO, GUILLERMO A Name: ROMERO, GUILLERMO A
Address: 4107 WIMBLEDON DR #103 Address: 2120 NW 117 TERRACE
City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026

 $\label{eq:title:start} \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{ST} \qquad \mbox{(X) Change () Addition}$

 Name:
 SOUTO, ELIZABETH M
 Name:
 BALSANO, ELIZABETH M

 Address:
 4107 WIMBLEDON DR #103
 Address:
 20756 SW 85 PLACE

 City-St-Zip:
 COOPER CITY, FL 33026
 City-St-Zip:
 CUTLER BAY, FL 33189

I hereby certify that the information supplied with this filing does not qualify for the 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: GUILLERMO A. ROMERO VP 03/27/2007