


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000001133	
1. Entity Name COALITION FOR PROVIDING OTHERS WITH ECONOMIC RESOURCES, INC.	

Principal Place of Business 129 W. HIBISCUS BLVD., #A MELBOURNE, FL 32901	Mailing Address P. O. BOX 1508 MELBOURNE, FL 32902
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04202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 01-0809831	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 BALDONADO, ANSELMO 500 PALM SPRINGS BLVD., #608 INDIAN HARBOUR BCH, FL 32937

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 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	D BALDONADO, ANSELMO 500 PALM SPRINGS BLVD., #608 INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, CAMILLE 500 PALM SPRINGS BLVD., #608 INDIAN HARBOUR BCH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA, WUANDA 1930 ACADEMY ST. NE PALM BAY, FL 32905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/06/06-80016-012 61.25

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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: Anselmo Baldonado ANSELMO BALDONADO 04.20.06 (321) 777-225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #