


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

61.25  
**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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

Principal Place of Business <b>129 W. HIBISCUS BLVD., #A MELBOURNE, FL 32901</b>	Mailing Address <b>P. O. BOX 1508 MELBOURNE, FL 32902</b>
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04282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0809831</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BALDONADO, ANSELMO 500 PALM SPRINGS BLVD., #608 INDIAN HARBOUR BCH, FL 32937</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 reappointing) DATE: \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

<b>DO NOT WRITE IN THIS SPACE</b>
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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 04-29-08 321-777-9225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #