

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

**FILED  
Jan 16, 2006  
Secretary of State**

DOCUMENT# N19068

Entity Name: PEOPLES NETWORK, INC.

**Current Principal Place of Business:**

571 NW MCCLURG CT.  
WHITE SPRINGS, FL 320967308 US

**New Principal Place of Business:**

**Current Mailing Address:**

571 NW MCCLURG CT.  
WHITE SPRINGS, FL 320967308 US

**New Mailing Address:**

FEI Number: 59-2776487      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

HARDER, CHARLES EDWARD  
571 N.W. MCCLURG CT.  
WHITE SPRINGS, FL 320967308 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: PTSD ( ) Delete  
Name: HARDER, CHARLES E.,  
Address: 571 NW MCCLURG CT.  
City-St-Zip: WHITE SPRINGS, FL 32096 US

Title: D ( ) Delete  
Name: LEMPert, LAWRENCE  
Address: 1601 W. SLIGH AVE.  
City-St-Zip: TAMPA, FL US

Title: D ( ) Delete  
Name: JOCOBY, NOEL D  
Address: 3006 OAK HILL ST.  
City-St-Zip: LAKE CITY, FL 32025 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LEMPert, LAWRENCE A  
Address: 1601 W. SLIGH AVE.  
City-St-Zip: TAMPA, FL US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHARLES E HARDER

PTSD

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date