


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N27776 1. Entity Name PLANNED PETHOOD OF AMERICA, INC.	
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Principal Place of Business 13749 N.W. 7TH AVENUE NORTH MIAMI, FL 33168 US	Mailing Address 13749 N.W. 7TH AVENUE NORTH MIAMI, FL 33168 US
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04232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0103860	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 ROSE, BEA LOUISE 1902 NE 119TH RD. NO. MIAMI, FL 33181

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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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000937722 05/27/08-80055-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLOY, GARDNAR 800 N.W. 9TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSE, BEA 1902 N.E. 119TH ROAD N. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHENK, DORIS 20401 NE 30TH PL. #208 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP ATCHISON, VIVIAN 145 N E 129TH STREET N. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Bea Louise Rose 4-25-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #