

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90172 015 \*\*\*\*61.25

<b>DOCUMENT # N29604</b> 1. Entity Name <b>PROJECT PUP (PETS UPLIFTING PEOPLE)          FOUNDATION, INC.</b>					
Principal Place of Business <b>12175 - 125TH STREET NORTH          LARGO, FL 34644-3612</b>			Mailing Address <b>12175 - 125TH STREET NORTH          LARGO, FL 34644-3612</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>03-0007502</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JENSEN, NAN          12175 - 125 STREET NORTH          LARGO, FL 34644</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25          Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, NIKI 500 S BELCHER ROAD #209 LARGO, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Culp, Jere 11201 122nd Ave N, # M250 Largo, FL 33778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUTTIER, BETTY 9865 - 131 STREET NORTH SEMINOLE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MATSON, DIANE 649 RODEO DR LARGO, FL 33771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTSON, ANN 11579 116TH ST N LARGO, FL 33778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, CARMEN 5675 BAYVIEW DRIVE SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barton, Carmen 5675 Bayview Drive Seminole, FL 33772	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANNER, BETH 11372 124T TERR LARGO, FL 33778		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Canner, Beth 11372 124th Terr Largo, FL 33778	
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: <u>Diane Matson</u> <b>Diane Matson, T/O 4-18-06 727/535-3937</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					