## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N37976

FILED Jan 16, 2007 Secretary of State

Entity Name: PEOPLE ACTING FOR COMMUNITY TOGETHER, INC.

Current Principal Place of Business:		New Principal Place of Business:		
250 NE 17 ∕IIAMI, FL	TH TERRACE 33132 US			
Current Mailing Address:		New Mailing Address:		
250 NE 17 ∕IIAMI, FL	TH TERRACE 33132 US			
El Number	: 65-0080062 FI	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Curre	ent Registered Agent:	Name and Address	of New Registered Agent:
250 NE 17 ∕IIAMI, FL	N, AARON C. TH TERRACE 33132 US			
	e named entity subr e of Florida.	nits this statement for the p	purpose of changing its register	ed office or registered agent, or bot
n the State	e of Florida.	nits this statement for the p	ourpose of changing its register	ed office or registered agent, or bot
n the State	e of Florida. RE:	nits this statement for the price in the price is the price in the price is the pri		ed office or registered agent, or bot  Date
n the State	e of Florida. RE:	ignature of Registered Ag	ent	
n the State  SIGNATUI  DFFICER:  itle: lame: .ddress:	e of Florida.  RE: Electronic S	ignature of Registered Ag <b>RS:</b> ete EN	ent	Date
n the State BIGNATUI  DFFICER  itle: lame: ddress: itty-St-Zip: ittle: lame: ddress:	e of Florida.  RE: Electronic S  S AND DIRECTOR  DP () Dele STANKIEWICZ, HEL 6563 NW 172 LANE	ignature of Registered Ag <b>RS:</b> ete EN S ete	ent  ADDITIONS/CHANG  Title: Name: Address:	Date SES TO OFFICERS AND DIRECTO
n the State	e of Florida.  RE:  Electronic S  S AND DIRECTOR  DP () Dele STANKIEWICZ, HEL 6563 NW 172 LANE MIAMI, FL 33015 US  DS () Dele LEBRETON, ROSEL 1200 NE 148 ST	ignature of Registered Ag  RS:  ete EN  S  ete  33161 US  ete  APT 213	ent  ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition

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: AARON DORFMAN EXEC 01/16/2007