2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007
Secretary of State

DOCUMENT# N92000000620

Entity Name: PEOPLE HELPING PEOPLE - DISASTER RELIEF, INC.

Current Principal Place of Business:

51 EAST 25TH STREET
#501
NEW YORK, NY 10010 US

New Principal Place of Business:

Current Mailing Address:

51 EAST 25TH STREET
#501
NEW YORK, NY 10010 US

New Mailing Address:

FEI Number: 65-0369653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TENNANT, MARGARET A
14810 RUE DE BAYONNE-5E
CLEARWATER, FL 33762 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:	D	( ) Delete
Name:	DAVIS, DIANE	
Address:	188 EAST 78TH STREET	
City-St-Zip:	NEW YORK, NY 10021	
Title:	DP	( ) Delete
Name:	GILLETTE, SUSAN L	
Address:	1204 19TH AVENUE N.E.	
City-St-Zip:	ROCHESTER, MN 55906	
Title:	DS	( ) Delete
Name:	LUNT, BONNIE	
Address:	51 EAST 25TH STREET SUITE 501	
City-St-Zip:	NEW YORK, NY 10010	
Title:	D	( ) Delete
Name:	SEARSON, PATRICIA	
Address:	53 PEPPER HILL RD.	
City-St-Zip:	HOLMES, NY 12531	
Title:	D	( ) Delete
Name:	KONOW, SANDRA	
Address:	22233 DOLOROSA STREET	
City-St-Zip:	WOODLAND HILLS, CA 91367	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE LUNT SECR 05/03/2007

Electronic Signature of Signing Officer or Director — Date