2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90193 045 ****61.25

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

Principal Place of Business	Mailing Address
51 EAST 25TH STREET #501 NEW YORK, NY 10010 US	51 EAST 25TH STREET #501 NEW YORK, NY 10010 US

04292008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13 EAST 30TH ST	13 EAST 30TH ST
Suite, Apt. #, etc. 6TH FLOOR	Suite, Apt. #, etc. 6TH FLOOR
City & State NEW YORK NY	City & State NEW YORK NY
Zip / Country 10016	Zip / Country 10016

4. FEI Number
65-0369653
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TENNANT, MARGARET A 14810 RUE DE BAYONNE-5E CLEARWATER, FL 33762	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, DIANE 188 EAST 76TH STREET NEW YORK, NY 10021	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, NANCY 210 E 101 ST #16L NEW YORK NY 10025	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GILLETTE, SUSAN L. 1204 19TH AVENUE N.E. ROCHESTER, MN 55906	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUNN, DAN 116 47TH AVE NORTH NASHVILLE TN 37209	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LUNT, BONNIE 51 EAST 25TH STREET SUITE 501 NEW YORK, NY 10010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENETTI SEARSON, PATRICIA 53 PEPPER HILL RD. HOLMES, NY 12531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KONOW, SANDRA 22233 DOLOROSA STREET WOODLAND HILLS, CA 91367	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/28/08 212 545 0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #