2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N93000004259

Entity Name: P.E.O.P.L.E. FOUNDATION, INC.

Current Principal Place of Business:

1256 LAQUINTA DRIVE
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

1256 LAQUINTA DRIVE
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 52-2436675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFLANZ, DAWN
1256 LAQUINTA DRIVE
ORLANDO, FL 32809 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: CEOD ( ) Delete
Name: PFLANZ, DAWN
Address: 1256 LAQUINTA DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: PFLANZ, RANDY
Address: 1256 LAQUINTA DRIVE
City-St-Zip: ORLANDO, FL 32809

Title: D ( ) Delete
Name: LIM, SANDRA
Address: 509 S FALMOUTH LN
City-St-Zip: SCHAMBURG, IL 60193

Title: D ( ) Delete
Name: MILAN, GENE
Address: 1186 SHOTGATE CT
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Delete
Name: FOURNIER, OLGA
Address: 4880 THOMPSON RD
City-St-Zip: SAINT CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: LIM, SANDRA
Address: 509 S FALMOUTH LN
City-St-Zip: SCHAMBURG, IL 60193

Title: D (X) Change ( ) Addition
Name: MILAN, GENE
Address: 1186 SHOTGATE CT
City-St-Zip: ORLANDO, FL 32837

Title: D (X) Change ( ) Addition
Name: FOURNIER, OLGA
Address: 4880 THOMPSON RD
City-St-Zip: SAINT CLOUD, FL 34772

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAWN PFLANZ CEO 04/20/2005

Electronic Signature of Signing Officer or Director — Date