2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006
Secretary of State

DOCUMENT# N96000005573

Entity Name: PEOPLE ENCOURAGING PEOPLE, INC.

Current Principal Place of Business:

% HARRIS & HELWIG, P.A.
6700 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

% HARRIS & HELWIG, P.A.
6700 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-3412114 **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:

HELWIG, PETER
HARRIS & HELWIG, P.A.
6700 SOUTH FLORIDA AVENUE #31
LAKELAND, FL 33813 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: CADET, WAGNER
Address: P.O. BOX 35
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete
Name: MCKINSEY, ELLA M
Address: 614 SE THORNHILL DR
City-St-Zip: PT ST LUCIE, FL 34983

Title: PD ( ) Delete
Name: WILLIS, ROBERT
Address: 14746 S.W. 171ST AVE
City-St-Zip: INDIANTOWN, FL 34956

Title: D ( ) Delete
Name: DOTSON, JAMES
Address: 14816 LINCOLN ST.
City-St-Zip: INDIANTOWN, FL 34956

Title: TD ( ) Delete
Name: MITCHELL, KENNETH
Address: 14797 MARTIN AVE.
City-St-Zip: INDIANTOWN, FL 34956

Title: SD ( ) Delete
Name: HAMILTON, IVORY
Address: 14938 SW 171 AVE
City-St-Zip: INDIANTOWN, FL 34956

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:

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 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: ROBERT WILLIS PD 06/05/2006

Electronic Signature of Signing Officer or Director — Date