2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P00000108302

Entity Name: PEOPLE FIRST, INC.

Current Principal Place of Business:

1389 N.W. 136TH AVENUE
SUNRISE, FL 33323

New Principal Place of Business:

105 S. STATE ROAD 7
PLANTATION, FL 33317

Current Mailing Address:

1389 N.W. 136TH AVENUE
SUNRISE, FL 33323

New Mailing Address:

105 S. STATE ROAD 7
PLANTATION, FL 33317

FEI Number: 65-1056686 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEOPLE FIRST, INC/ BARBARA FLYNN
1389 NW 136TH AVE
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

PEOPLE FIRST, INC/ BARBARA FLYNN
105 S. STATE ROAD 7
PLANTATION, FL 33317 US

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: _____ 04/19/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLYNN, BARBARA
Address: 1640 NW 99TH AVE
City-St-Zip: PLANTATION, FL 33322

Title: D ( ) Delete
Name: SCHUMACKER, JOESPH P
Address: 1151 NW 97TH DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ST ( ) Delete
Name: ZALA, KATHY
Address: 4866 SW 32ND TERR
City-St-Zip: FORT LAUDERDALE, FL 33312

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA FLYNN PRES 04/19/2004
Electronic Signature of Signing Officer or Director — Date