2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108302

Entity Name: PEOPLE FIRST, INC.

FILED Apr 12, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	SUNRISE BLVI	D.		
A-4 PLANTAT	ION, FL 3332	2		
Current Mailing Address:		New Mailing Address:		
	SUNRISE BLVI	D.		
A-4 PLANTAT	ION, FL 3332	2		
FEI Number	: 65-1056686	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
8200 W. S A-4	FIRST, INC/ BA BUNRISE BLVI TION, FL 3331			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
in the Stat	e of Florida. RE:			ed office or registered agent, or both,
in the Stat	e of Florida. RE:	submits this statement for the		od office or registered agent, or both, Date
in the Stat SIGNATU	e of Florida. RE: Electro			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	nic Signature of Registered Ag	gent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro mpaign Financir S AND DIREC	nic Signature of Registered Ag ng Trust Fund Contribution (). CTORS:) Delete ARA HAVE	gent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electro mpaign Financir S AND DIREC P (FLYNN, BARB. 1640 NW 99TH PLANTATION, D (SCHUMACKER	nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete ARA H AVE FL 33322) Delete R, JOESPH P BROOK DRIVE	gent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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

SIGNATURE: BARBARA FLYNN P 04/12/2006