2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000021106

Entity Name: PEOPLE'S FIRST FINANCIAL SERVICES, INC.

FILED Nov 12, 2007 Secretary of State

urrent P	Principal Place	or business:	New Princ	ipai Piace	of Business:	
299 SAR TE. B						
1ELBOUF	RNE, FL 32935					
current Mailing Address:			New Maili	New Mailing Address:		
2299 SARNO RD STE. B			2574 KINGSMILL AVE MELBOURNE, FL 32934			
IELBOU	RNE, FL 32935					
El Number	: 01-0712249	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
ame and	d Address of C	urrent Registered Agent:	Name and	l Address o	f New Registered Agent:	
	ORA RD	110				
ELBOU	RNE, FL 32935	US				
he above	·		purpose of changing i	its registered	d office or registered agent, or bo	
he above the Stat	e named entity s e of Florida.		purpose of changing	its registered	d office or registered agent, or bo	
he above the Stat	e named entity s e of Florida. RE:			its registered	d office or registered agent, or bo Date	
he above the Stat	e named entity s e of Florida. RE:	submits this statement for the ic Signature of Registered Ag	gent			
he above the Stat	e named entity se of Florida. RE: Electron S AND DIREC	submits this statement for the ic Signature of Registered Ag FORS: Delete P LL AVE	gent		Date	
he above the Stat GNATU FFICER tte: ame: ddress:	e named entity se of Florida. RE: Electron S AND DIRECTOR DP () SREIN, JO ANN 2574 KINGSMIL MELBOURNE, F	submits this statement for the ic Signature of Registered Ag FORS: Delete P LL AVE	gent ADDITION Title: Name: Address:	VP PAPSIDERG	Date ES TO OFFICERS AND DIRECT () Change () Addition () Change (X) Addition D, ROY SR EAN BLVD BLDG 15-101	

I hereby certify that the information supplied with this filing does not qualify 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: JO ANN P SREIN DP 11/12/2007