2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118115

City-St-Zip:

FORT PIERCE, FL 349514351

Entity Name: PEOPLE SERVICES, INC.

FILED Apr 19, 2007 Secretary of State

y		OER (1020, 1140.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6686 PICANTE CIRCLE FORT PIERCE, FL 34951				6686 PICANTE CIRCLE FORT PIERCE, FL 349514351	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	NTE CIRCLE RCE, FL 3495	14351			
FEI Number	: 56-2411736	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SUITE 110 MIRAMAR	148 AVENUE) , FL 33027 U		ournose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ourpose of changing its registered	a office of registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VAN NEST, BRI 6686 PICANTE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VAN NEST, PAT 6686 PICANTE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	S () CABANAS, STE 6686 PICANTE		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: STEPHANIE CABANAS S 04/19/2007