
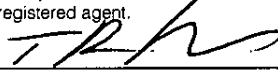
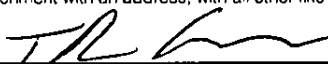


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000099423</b> 1. Entity Name <b>TOTAL PEOPLE INITIATIVE, INC.</b>					
Principal Place of Business <b>815 N. HOMESTEAD BLVD #318 HOMESTEAD, FL 33030</b>			Mailing Address <b>815 N. HOMESTEAD BLVD #318 HOMESTEAD, FL 33030</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		08232006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable	
5. Certificate of Status Desired				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIBERTI, T.R. 815 N. HOMESTEAD BLVD #318 HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE: 		
(NOTE: Registered Agent signature required when reinstating)			DATE: <b>8/25/06</b>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD LIBERTI, TR 815 N. HOMESTEAD BLVD HOMESTEAD, FL 33030			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>8/25/06</b> Daytime Phone #: <b>305-491-7546</b>					