2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044209

Entity Name: LISTPEOPLE SOUTH INC

566 SW SADWICK AVENUE

PORT SAINT LUCIE, FL 34953 US

Address: City-St-Zip: FILED Jul 06, 2006 Secretary of State

Littly Na	ille. LISTFE	DELE GOO	THINC				
Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
	ADWICK AVE NT LUCIE, FI		US				
Current Mailing Address:				New Mailing Address	New Mailing Address:		
PO BOX 8 PORT SAI	943 NT LUCIE, FI	_ 34958	US				
FEI Number	: 20-2548413	FEI Nun	nber 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:		
566 SW S. PORT SAI	NES, RICHAR ADWICK AVE NT LUCIE, FI named entity	ENUE _ 34953	US	purpose of changing its registere	d office or registered agent, or both,		
	e of Florida.			F F			
SIGNATU							
Electronic Signature of Registered Agent				ent	Date		
			S., the corporation did ned neter neter in the contribution ().	ot receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (DESCHENES, 566 SW SADV PORT SAINT	VICK AVENU	JE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (DESCHENES, 566 SW SADV PORT SAINT	VICK AVENU	JE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	TRES (DESCHENES) Delete . RICHARD L	. JR	Title: Name:	() 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.

Address:

City-St-Zip:

SIGNATURE: RICHARD L DESCHENES JR P 07/06/2006