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May 30, 2007 8:00 am
Secretary of State
03-21-2007 90042 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002826

1. Entity Name
PEOPLE TOO UNLIMITED, INC.

Principal Place of Business	Mailing Address
4800 LINTON BOULEVARD BUILDING A-202 DELRAY BEACH, FL 33445-6506	4800 LINTON BOULEVARD BUILDING A-202 DELRAY BEACH, FL 33445-6506

02202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # See above
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address See above
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-4262635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHALTER, SHARON FRIED – President
4800 LINTON BOULEVARD
BUILDING A-202
DELRAY BEACH, FL 33445-6506

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Sharon F Buchalter 5/1/07
Signature, typed or printed name of registered agent and title if applicable DATE
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Sharon Fried Buchalter, President, 5828 N. W. 26th Court ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Boca Raton FL, 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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home address

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: Sharon F Buchalter PhD 2/2/07 (561) 789-3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #