

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000146419

FILED  
Apr 28, 2007  
Secretary of State

Entity Name: PEOPLE'S PALACE ADULT FAMILY CARE HOME, INC.

**Current Principal Place of Business:**

442 BORRACLOUGH AVENUE NW  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

442 BORRACLOUGH AVENUE NW  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 56-2629006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINTO, JANICE  
442 BORRACLOUGH AVENUE NW  
PALM BAY, FL 32907 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: PINTO, JANICE  
Address: 442 BORRACLOUGH AVENUE NW  
City-St-Zip: PALM BAY, FL 32907

Title: DVP ( ) Delete  
Name: BLAKE, SHERON  
Address: 436 CALOMINDIN AVE NW  
City-St-Zip: PALM BAY, FL 32907

Title: DST ( ) Delete  
Name: JOHNSON, JOYCIE  
Address: 761 GIBBONS RD SW  
City-St-Zip: PALM BAY, FL 32908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: J PINTO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

04/28/2007

\_\_\_\_\_  
Date