

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000020493

Entity Name: PEOPLE'S CONNEXION, INC.

FILED
Feb 28, 2008
Secretary of State

Current Principal Place of Business:

826 NORTH JOHN STREET
203
ORLANDO, FL 32808

Current Mailing Address:

826 NORTH JOHN STREET
203
ORLANDO, FL 32808

New Principal Place of Business:

510 MONICA ROSE DR.
SUITE # 225
APOPKA, FL 32703

New Mailing Address:

510 MONICA ROSE DR.
SUITE # 225
APOPKA, FL 32703

FEI Number: 86-1094255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, ANTHONY L
2023 JOHN HENRY CIRCLE
425
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

SMITH, ANTHONY L
510 MONICA ROSE DR.
SUITE # 225
APOPKA, FL 32703 US

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: ANTHONY SMITH

02/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, ANTHONY L
Address: 2023 JOHN HENRY CIRCLE # 425
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, ANTHONY L
Address: 510 MONICA ROSE DR. 225
City-St-Zip: APOPKA, FL 32703

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: ANTHONY SMITH

D

02/28/2008

Electronic Signature of Signing Officer or Director

Date