


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90004 007 ***150.00

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| DOCUMENT # P05000108000 |  |
| 1. Entity Name JEANINE JACKSON PEOPLEScape, INC. | |

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|---|---|
| Principal Place of Business 5945 TARPON GARDENS CIR, #102 CAPE CORAL, FL 33914 <i>(239) 542-4100</i> | Mailing Address 5945 TARPON GARDENS CIR #102 CAPE CORAL, FL 33914 |
|---|---|

40025344



01242007 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-2912046 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

JACKSON, JEANINE
 5945 TARPON GARDENS CIR, #102
 CAPE CORAL, FL 33914

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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 _____

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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD JACKSON, JEANINE 5945 TARPON GARDENS CIR, #102 CAPE CORAL, FL 33914 |
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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: *Jeanine Jackson* Jeanine Jackson, Pres. Date 1/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #