2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002096

Entity Name: PARENTS UNITED TOGETHER, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

574 NW GWEN LAKE AVENUE 241 SW GARDNER TERRACE LAKE CITY, FL 32055

LAKE CITY, FL 32024

Current Mailing Address: New Mailing Address:

574 NW GWEN LAKE AVENUE 241 SW GARDNER TERRACE

LAKE CITY, FL 32055 LAKE CITY, FL 32024

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

BATES, NICOLE S BATES, NICOLE S

574 NW GWEN LAKE AVENUE 241 SW GARDNER TERRACE LAKE CITY, FL 32055 US LAKE CITY, FL 32024

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: NICOLE BATES 04/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MRS. (X) Change () Addition () Delete BATES, NICOLE S PRESIDE BATES, NICOLE S PRESIDE Name: Name: 574 NW GWEN LAKE AVE Address: 241 SW GARDNER TERRACE Address: City-St-Zip: LAKE CITY, FL 32055 US City-St-Zip: LAKE CITY, FL 32024 US

Title: MR. () Delete Title: () Change () Addition

KELLER, ROBERT V.P Name: Name: Address: PO BOX 787 Address: City-St-Zip: LAKE CITY, FL 32024 US City-St-Zip:

Title: MRS. () Delete Title: () Change () Addition

KELLER, SHARRIE M TREASUR Name: Name:

Address: P.O. BOX 787 Address: City-St-Zip: LAKE CITY, FL 32024 US City-St-Zip:

() Delete Title: MR. Title: MS. (X) Change () Addition SUMMERALL, ROB P.R. Name: Name: DURRANCE, STEPHANIE P.R. 2300 DUVAL STREET 167 SW MEGAN GLEN Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025

Title: MRS. () Delete Title: () Change () Addition

ROBERTS, TINA Name: Name: 269 HACKNEY TERRACE Address: Address: City-St-Zip: LAKE CITY, FL 32055 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICOLE S. BATES **PRES** 04/30/2007