2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005873

FILED Apr 25, 2006 Secretary of State

Entity Name: PLEW ELEMENTARY PARENT LEADERS ASSOCIATION, INC.

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|---|--|---|--|
| C/O JAME | AVENUE ES E. PLEW ELE E, FL 32578 | EMENTARY | | |
| Current Mailing Address: | | New Mailing Address: | | |
| | AVENUE ES E. PLEW ELE E, FL 32578 | EMENTARY | | |
| FEI Number | r: 20-1267801 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| 1201 EGL C/O CHES SHALIMA | EY, LESLIE D IN PARKWAY SSER & BARR, R, FL 32579 US | | | |
| | e named entity s e of Florida. | ubmits this statement for the | purpose of changing its registere | ed office or registered agent, or both, |
| | e of Florida. | ubmits this statement for the | purpose of changing its registere | ed office or registered agent, or both, |
| in the Stat | e of Florida. RE: | ubmits this statement for the control of the control of Registered Ag | | ed office or registered agent, or both, Date |
| in the Stat SIGNATU | e of Florida. RE: | c Signature of Registered Ag | ent | |
| in the Stat SIGNATU | e of Florida. RE: Electroni S AND DIRECT | c Signature of Registered Ag F ORS: Delete ET AKES DR. | ent | Date |
| in the Stat SIGNATU OFFICER Title: Name: Address: | e of Florida. RE: Electroni S AND DIRECT P () SIMPSON, JANE 4329 HIDDEN LANICEVILLE, FL | c Signature of Registered Ag FORS: Delete ET AKES DR. 32578 Delete HY D WAY | ent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR |
| in the Stat SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: | E of Florida. RE: Electroni S AND DIRECT P () SIMPSON, JANE 4329 HIDDEN L/ NICEVILLE, FL VP () BARTHEL, KATH 234 WINDWARE NICEVILLE, FL | c Signature of Registered Ag FORS: Delete ET AKES DR. 32578 Delete HY D WAY 32578 Delete NE | ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | Date EES TO OFFICERS AND DIRECTOR () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the 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: LESLIE COLEMAN TREA 04/25/2006