

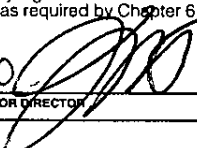


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90010 037 \*\*\*\*70.00

<b>DOCUMENT # 746600</b> 1. Entity Name <b>PARENT-CHILD CENTER, INC.</b>					
Principal Place of Business <b>4802 EDSEL AVE WEST PALM BEACH, FL 33407</b>			Mailing Address <b>4016 BROADWAY WEST PALM BEACH, FL 33407</b>		
2. Principal Place of Business <b>2001 W. Blue Heron</b> Suite, Apt. #, etc.		3. Mailing Address <b>2001 W. Blue Heron Blvd</b> Suite, Apt. #, etc.			
City & State <b>Rivera Beach, FL</b> Zip <b>33404</b>		City & State <b>Riviera Beach, FL</b> Zip <b>33404</b>		4. FEI Number <b>59-1964034</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01162004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>CORBETT, JOHN 4016 BROADWAY WEST PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2001 W. Blue Heron Blvd</b> City <b>Riviera Beach, FL</b> Zip Code <b>33404</b>		
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 <b>John Corbett, President &amp; CEO</b>  DATE <b>1-22-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, WILLIAM E 3 BEACHWAY NORTH OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYCE, MICHELLE G 5013 SESAME ST PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIERCE, WALTER JR. PHD 9123 N. MILITARY TRAIL, SUITE 103 LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LECLAIR, CHARLE R 1367 SCOTTSDALE RD.E WEST PALM BEACH, FL 33417	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MACLOSKEY, LOUIS 3 RIVER CHASE TERRACE PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELLALOBOS, ALEJANDRO MD 11211 PROSPERITY FARMS RD SUITE 110C PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: <b>John Corbett, President &amp; CEO</b>  DATE <b>1-22-04</b> Daytime Phone # <b>(561) 841-3500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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