## OT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT #746600**

PARÉNT-CHILD CENTER, INC.



May 06, 2008 8:00 am Secretary of State

05-06-2008 90031 050 \*\*\*\*70.00

Principal Plac 2001 W. BLL RIVIERA BEA	JE HERON		2001	Mailing Address 2001 W. BLUE HERON RIVIERA BEACH, FL 33404				7 					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					04082008	Chg-NP	CR2E	037 (12/06)			
City & State			City & State			<del></del>		4. FEI Number 59-1964034				pplied For	
Zip . Country			Zip Cou			intry	5. Certificate of Status Desired \$8.75'Additional Fee Required						
6. Name and Address of Current F				egistered Agent			7. Name and Address of New Registered Agent						
MCNAMAF 2001 W. B RIVIERA E	Name Street Address			.ddress (	s (P.O. Box Number is Not Acceptable)								
					City	City FL Zip Code							
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												<del></del>	
Filing Fee is \$61.25 Due by May 1, 2008				<ol><li>Election Campaign Find Trust Fund Contribution</li></ol>				\$5.00 May Be Added to Fees  Make check pa Florida Department				•	
10. OFFICERS AND DIRECTORS 11.							-	ADDITIONS/CHAI	NGES TO OFFICE	RS AND I	DIRECTORS I	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 BEACH	VILLIAM E WAY NORTH IDGE, FL 33435		□ Delete			D Bar 303	ry-Smitt 7 La min derhill, F	n, Marcia age Drive	i 2 319	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTER, 429 31ST WEST PA			Delete			D Gre 425 Boo	en, Kar NW 644 araton	yn Ave.	343	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIERCE, WALTER JR 4005 HEATH CRICLE N. WEST PALM BEACH, FL 33407			☐ Delete	NAM STRE					□ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		AY CONNELL ST. RTH, FL 33463		☐ Delete			Rot 215	oinson, ( o E.maii nokee, F	Clevelar n st.	ાવ	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 RIVER (	KEY, LOUIS CHASE TERRACE ACH GARDENS, FL 3	3410	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3520 WHI	N, STEPHEN TEHALLDR. #106 LM BEACH, FL 33401	,	☐ Delete							☐ Change	☐ Addition	

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 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:

Patrick mc Namara, Fresident & CED 4/10/08 (561)841-3500 XX009
SIGNATURE FOR THE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Dat