2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005308

FILED Apr 26, 2007 Secretary of State

Entity Nai	me: WE2HA	VE PARENTAL RIGHTS FOU	NDATION, INC.		
Current P	rincipal Place	of Business:	New Principal Place	of Business:	
132 KENT APOPKA,	UCKY BLUE C FL 32712	IRCLE			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
132 KENT APOPKA,	UCKY BLUE C FL 32712	IRCLE			
FEI Number	: 59-3662024	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	NDERSON, LI UCKY BLUE C FL 32712 \				
The above in the State	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COONS-ANDE	/ BLUE CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FREEMAN, PA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () WOMACK, CAF P O BOX 60710 ORLANDO, FL	02	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LISA COONS-ANDERSEN PD 04/26/2007