

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008191

FILED
Apr 30, 2009
Secretary of State

Entity Name: PARTNERSHIP RESOURCES INFORMATION CENTER ENTERPRISE HEADQUARTERS, INC.

Current Principal Place of Business:

590 N.W. 33RD AVE.
FT. LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

590 NW 33RD AVE
FORT LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 65-1155589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NESBITT, JUDY
590 NW 33RD AVE
FORT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NESBITT, JUDY
Address: 590 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: VD () Delete
Name: NESBITT, ADRIAN
Address: 590 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: DST () Delete
Name: KING, KRISTAL
Address: 590 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: KING, KRISTAL
Address: 590 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DT () Change (X) Addition
Name: NESBITT, KATRINA
Address: 590 NW 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: JUDY NESBITT

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date