

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008720

FILED
May 10, 2004
Secretary of State**Entity Name:** PARENT EDUCATION PROGRAMS, INC.**Current Principal Place of Business:**3590 HWY 17-92
STE 1032
LAKE MARY, FL 32746**New Principal Place of Business:****Current Mailing Address:**7533 NORTH RIDGE LAKE CR
LONGWOOD, FL 32750**New Mailing Address:**1533 NORTH RIDGE LAKE CR
LONGWOOD, FL 32750**FEI Number:** 59-3761130**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RAY, ELAINE C
1533 NORTH RIDGE LAKE CIRCLE
LONGWOOD, FL 327504554 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: PCD () Delete
Name: RAY, ELAINE C
Address: 1533 NORTH RIDGE LAKE CIRCLE
City-St-Zip: LONGWOOD, FL 327504554

Title: STD () Delete
Name: O'CONNEL, PENELOPE B
Address: 1893 PINE BAY DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: HALE, RACHEL H
Address: 540 TALL OAKS TERR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: GREGORY, MARIE
Address: 536 TALL OAKS TERR
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: PING, DAN
Address: 300 N FRENCH AVE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: O'CONNELL, PENELOPE B
Address: 1893 PINE BAY DRIVE
City-St-Zip: LAKE MARY, FL 32746

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ELAINE C. RAY

PRES

05/10/2004

Electronic Signature of Signing Officer or Director

Date