

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008720

FILED  
Apr 11, 2007  
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:

1533 NORTH RIDGE LAKE CR  
LONGWOOD, FL 32750

## New Mailing Address:

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'CONNELL, PENELOPE B  
Address: 413 RIDGEWOOD ST  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: ILARDO, TRACI  
Address: 529 PARK CT  
City-St-Zip: SANFORD, FL 32771

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

Title: D ( ) Delete  
Name: DAVIE, ALISSA  
Address: 1829 OAK BROOK DRIVE  
City-St-Zip: LONGWOOD, FL 32750

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition  
Name: ORTH, WILLIAM  
Address: 101 WYMORE RD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32789

Title: D (X) Change ( ) Addition  
Name: LAURA, PHIPPS  
Address: 5467 CR 427  
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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: PENELOPE B. O'CONNELL

STD

04/11/2007

Electronic Signature of Signing Officer or Director

Date