2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006
Secretary of State

DOCUMENT# N03000002096

Entity Name: PARENTS UNITED TOGETHER, INC.

Current Principal Place of Business:

574 NW GWEN LAKE AVENUE
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

574 NW GWEN LAKE AVENUE
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BATES, NICOLE S
574 NW GWEN LAKE AVENUE
LAKE CITY, FL 32055 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: MRS. ( ) Delete
Name: BATES, NICOLE S PRESIDE
Address: 574 NW GWEN LAKE AVE
City-St-Zip: LAKE CITY, FL 32055 US

Title: MR. ( ) Delete
Name: CARSWELL, LEX A V.P
Address: ROUTE 17 BOX 6027
City-St-Zip: LAKE CITY, FL 32024 US

Title: MRS. ( ) Delete
Name: KELLER, SHARRIE M TREASUR
Address: P.O. BOX 787
City-St-Zip: LAKE CITY, FL 32024 US

Title: MR. ( ) Delete
Name: SUMMERALL, ROB P.R.
Address: 2300 DUVAL STREET
City-St-Zip: LAKE CITY, FL 32025

Title: MRS. ( ) Delete
Name: ROBERTS, TINA
Address: 269 HACKNEY TERRACE
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MR. (X) Change ( ) Addition
Name: KELLER, ROBERT V.P
Address: PO BOX 787
City-St-Zip: LAKE CITY, FL 32024 US

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 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: NICOLE BATES PRES 01/11/2006
Electronic Signature of Signing Officer or Director — Date