

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003056

FILED
May 01, 2009
Secretary of State

Entity Name: PARENTS AS STUDENTS SERVICES, INC.

Current Principal Place of Business:

8440 NW 15TH CT
PEMBROKE PINES, FL 33024

New Principal Place of Business:

4046 SW 69TH WAY
MIRAMAR, FL 33023

Current Mailing Address:

4046 SW 69TH WAY
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 81-0667725 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BYRD, KATHERIA
1450 NW 181ST ST
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

BYRD, KATHERIA
4046 SW 69TH WAY
MIRAMAR, FL 33023 US

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: _____

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BYRD, KATHERIA
Address: 1450 NW 181ST ST
City-St-Zip: MIAMI, FL 33161

Title: DS () Delete
Name: HINSON, DEE DEE M
Address: 8440 NW 15TH CT
City-St-Zip: PEMBROKE PINES, FL 33024

Title: DT () Delete
Name: HINSON, CURTIS JR
Address: 16822 NW 25TH AVE
City-St-Zip: CAROL CITY, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BYRD, KATHERIA
Address: 4046 SW 69TH WAY
City-St-Zip: MIRAMAR, FL 33023

Title: DS (X) Change () Addition
Name: HINSON, DEE DEE M
Address: 16822 NW 25TH AVE
City-St-Zip: CAROL CITY, FL 33055

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

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: KATHERIA BYRD

DP

05/01/2009

Electronic Signature of Signing Officer or Director

Date