

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000705

FILED  
Feb 19, 2007  
Secretary of State

**Entity Name:** PARENTING UPGRADE CENTER, INC.

**Current Principal Place of Business:**

1947 GREENWOOD DRIVE  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1947 GREENWOOD DRIVE  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILLER, MARK A  
1947 GREENWOOD DRIVE  
TALLAHASSEE, FL 32303 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: C ( ) Delete  
Name: CENTER, TIM ESQ.  
Address: 1218 CAMILLIA DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: EXD ( ) Delete  
Name: MILLER, MARK A  
Address: 1947 GREENWOOD DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete  
Name: MILLER, JANA CPA  
Address: 2036 ASH WAY  
City-St-Zip: TALLAHASSEE, FL 32308

Title: S ( ) Delete  
Name: BRYANT, WESTA  
Address: 6529 PISGAH CHURCH ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: BARBER, EDWARD  
Address: 3714 ALMANAC ROAD  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: COLE, CARRIE  
Address: 4365 DAVID COURT  
City-St-Zip: TALLAHASSEE, FL 32309

**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: ( ) 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: MARK A. MILLER

EXD

02/19/2007

Electronic Signature of Signing Officer or Director

Date