# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 24, 2008**
**Secretary of State**

DOCUMENT# N06000000705

**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: 20-4784970** **FEI Number Applied For ( )** **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 (X) 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 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 04/24/2008

Electronic Signature of Signing Officer or Director — Date