2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003521

FILED Apr 30, 2009 Secretary of State

Entity Name: PARENTS ALL-STAR CHEER ORGANIZATION, INC.

Current Principal Place of Business: New Principal Place of Business:

482 N. WILSON STREET CRESTVIEW, FL 32536

Current Mailing Address: New Mailing Address:

P.O. BOX 773 CRESTVIEW, FL 32536

FEI Number: 90-0357432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AUTREY, APRIL L
2838 RICHBOURG LANE
CRESTVIEW, FL 32536 US
FLOWERS, ASHLEY J
330 RIVERCHASE BLVD
CRESTVIEW, FL 32536 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: ASHLEY FLOWERS 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 AUTREY, APRIL L
 Name:
 TAYLOR, JENNIFER

 Address:
 2838 RICHBOURG LANE
 Address:
 1550 PERRY SMITH RD

Address: 2838 RICHBOURG LANE Address: 1550 PERRY SMITH RE City-St-Zip: CRESTVIEW, FL 32539 City-St-Zip: BAKER, FL 32531

Title: VP () Delete Title: VP (X) Change () Addition Name: BERRY, ANGELA W Name: KELSEY, AMY

 Address:
 4573 SCARLET DRIVE
 Address:
 309 SKYLINE CIR

 City-St-Zip:
 CRESTVIEW, FL 32539
 City-St-Zip:
 CRESTVIEW, FL 32539

Title: S () Delete Title: () Change () Addition

 Name:
 FLOWERS, ASHLEY
 Name:

 Address:
 330 RIVERCHASE BLVD.
 Address:

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 JONES, LINDSEY
 Name:
 ADAMS, JAMES

 Address:
 5145 WHITEHURST LANE
 Address:
 1503 GREENWOOD RD

 City-St-Zip:
 CRESTVIEW, FL 32536
 City-St-Zip:
 BAKER, FL 32531

Name:WILLIAMS, MICHELEName:LORI, FOXAddress:5903 JACK STOKES ROADAddress:626 DIXIE ST

 City-St-Zip:
 BAKER, FL 32531
 City-St-Zip:
 CRESTVIEW, FL 32536

Title: () Delete Title: M () Change (X) Addition

 Name:
 Name:
 MICHELLE, ADAMS

 Address:
 Address:
 1503 GREENWOOD RD

 City-St-Zip:
 City-St-Zip:
 BAKER, FL 32531

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: ASHLEY FLOWERS S 04/30/2009