

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004456

FILED
Apr 30, 2011
Secretary of State

Entity Name: PARENT PARTNERS IN EDUCATION, INC.

Current Principal Place of Business:

4387 ELWOOD RD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12271
BROOKSVILLE, FL 34603

New Mailing Address:

4387 ELWOOD RD
SPRING HILL, FL 34609

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, NIKKI
4387 ELWOOD RD
SPRING HILL, FL 34609 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: CB
Name: WALSH, STACY
Address: 14240 WAKE ROBIN DR
City-St-Zip: BROOKSVILLE, FL 34604 US

Title: P
Name: PIERCE, NIKKI
Address: 4387 ELWOOD RD
City-St-Zip: SPRING HILL, FL 34609 US

Title: S
Name: MECHLER, SHARON
Address: 9525 MONTEBELLO LN
City-St-Zip: SPRING HILL, FL 34608 US

Title: T
Name: MEEHAN, LYNNE
Address: 4379 ELWOOD RD
City-St-Zip: SPRING HILL, FL 34509 US

Title: BM
Name: ORTIZ, KIMETTA
Address: 6259 PINEHURST DR.
City-St-Zip: SPRING HILL, FL 34606 US

Title: BM
Name: MUSTAFA, BEESAN
Address: 1332 HALAPA WAY
City-St-Zip: TAMPA, FL 34655 US

I hereby 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 all other like empowered.

SIGNATURE: STACY WALSH

CB

04/30/2011

Electronic Signature of Signing Officer or Director

Date