



ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90093 045 ****61.25

DOCUMENT # N46323 1. Entity Name PARENTS INVOLVED IN EDUCATION, INC.						
Principal Place of Business GIFFORD YOUTH ACTIVITY CENTER 4855 43RD AVE. VERO BEACH, FL 32967 US			Mailing Address GIFFORD YOUTH ACTIVITY CENTER 4855 43RD AVE. VERO BEACH, FL 32967 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4635 39th Avenue Suite, Apt. #, etc.				
City & State VERO BEACH		City & State VERO BEACH		4. FEI Number 59-3146886		
Zip 32967		Country FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WILLIAMS, JERRY R. 4635 39TH AVENUE VERO BEACH, FL 32967				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME WILLIAMS, JERRY R STREET ADDRESS 4635 39TH AVENUE CITY - ST - ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete			TITLE T NAME Perry, Helen STREET ADDRESS 4615 43rd Avenue CITY - ST - ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME HENRY-PULLIAM, MILLCENT B STREET ADDRESS 840 5TH COURT #205 CITY - ST - ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete			TITLE S NAME Veronica Scofield STREET ADDRESS 4218 34th Avenue CITY - ST - ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WILLIAMS, BERTHA L STREET ADDRESS 4246 31ST AVE. CITY - ST - ZIP VERO BEACH, FL	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME POWELL, ANNIE L STREET ADDRESS 4606 30TH AVE. CITY - ST - ZIP VERO BEACH, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME BUCKNER, LUCILLE STREET ADDRESS 4355 34TH CT. CITY - ST - ZIP VERO BEACH, FL	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME PINKNEY, RACHEL STREET ADDRESS 2820 41ST ST. CITY - ST - ZIP VERO BEACH, FL	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with or without like empowered.						
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/26/05 TB 794-5161 <small>Date Daytime Phone #</small>		