2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51193

FILED Mar 23, 2005 Secretary of State

Entity Name: THE PARENT'S INFORMATION AND RESOURCE CENTER, INC.

	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
4TH FLR	EDERAL HWY			
_IGHTHOI	USE POINT, FL 33064 US			
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
4TH FLR	EDERAL HWY USE POINT, FL 33064 US			
	: 65-0361319 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
WARD, JA 3920 N.E.	ANET MRS 23RD TERRACE D BEACH, FL 33064 US			
	e named entity submits this statement for the pure of Florida.	urpose of changing its register	ed office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of Registered Ager	nt	Date	
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTORS	
Γitle: √ame: √ddress:	C () Delete FENELON, SONY 500 NW 12TH AVE ITS BLDG	Title: Name: Address:	() Change () Addition	
City-St-Zip:	DEERFIELD BEACH, FL	City-St-Zip:		
City-St-Zip: Fitle: Name: Address: City-St-Zip:	DEERFIELD BEACH, FL D () Delete SHEPPERED, CYNTHIA 4113 N DIXIE HIGHWAY POMPANO BEACH, FL 33064	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change() Addition	
Fitle: Name: Nddress:	D () Delete SHEPPERED, CYNTHIA 4113 N DIXIE HIGHWAY	Title: Name: Address:	() Change () Addition () Change () Addition	
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	D () Delete SHEPPERED, CYNTHIA 4113 N DIXIE HIGHWAY POMPANO BEACH, FL 33064 D () Delete TURPEAU, BRENDA 10 NORTH RIVERSIDE DRIVE	Title: Name: Address: City-St-Zip: Title: Name: Address:		
Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Name: Address:	D () Delete SHEPPERED, CYNTHIA 4113 N DIXIE HIGHWAY POMPANO BEACH, FL 33064 D () Delete TURPEAU, BRENDA 10 NORTH RIVERSIDE DRIVE POMPANO BEACH, FL 33062 T () Delete BURK, DEBRA 12490 NW. 78TH MANOR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JANET WARD CEO 03/23/2005