2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N51193

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

Current Principal Place of Business:

817 NORTH DIXIE HWY
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

817 NORTH DIXIE HWY
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 65-0361319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, JANET MRS
7590 NW. 75TH DRIVE
PARKLAND, FL 33067 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: FENELON, SONY
Address: 500 NW 12TH AVE ITS BLDG
City-St-Zip: DEERFIELD BEACH, FL

Title: D ( ) Delete
Name: SHEPPERED, CYNTHIA
Address: 4113 N DIXIE HIGHWAY
City-St-Zip: POMPANO BEACH, FL 33064

Title: T ( ) Delete
Name: BURK, DEBRA
Address: 12490 NW. 78TH MANOR
City-St-Zip: PARKLAND, FL 33076

Title: S ( ) Delete
Name: SWORN, YOLANDA
Address: 300 NW. 19TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

Title: VC ( ) Delete
Name: GRANT, PAULINE
Address: 33064 CARYSSORT LANE
City-St-Zip: MARGATE, FL 33063

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: CEO ( ) Change (X) Addition
Name: WARD, JANET V
Address: 7590 NW 75TH DRIVE
City-St-Zip: PARKLAND, FL 33067

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: JANET V. WARD CEO 04/02/2009

Electronic Signature of Signing Officer or Director — Date