2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000991

FILED Jan 10, 2007 Secretary of State

Entity Name: PARENTS WITHOUT PARTNERS OSCEOLA COUNTY CHAPTER 1335, INC.

Current Principal Place of Business: P O BOX 770895 ORLANDO, FL 328770895 US		New Principal Place	New Principal Place of Business: 1248 ARLINGTON PLACE WINTER PARK, FL 327895012 US New Mailing Address:	
Current Mailing Address:				
P.O. BOX ORLAND(770895 O, FL 3287708	895 US		
FEI Number	r: 65-0637253	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
WISNESK	(I CADI			
1329 WEL	SON RD. D, FL 32837	US		
1329 WEL ORLANDO The above	LŚON RD. O, FL 32837		ourpose of changing its registere	ed office or registered agent, or both,
1329 WEL ORLANDO The above	LSON RD. O, FL 32837 e named entity e of Florida. RE:	submits this statement for the p		ed office or registered agent, or both,
1329 WEL ORLANDO The above n the Stat	LSON RD. O, FL 32837 e named entity e of Florida. RE:			ed office or registered agent, or both, Date
1329 WEL ORLANDO The above n the Stat SIGNATU	LSON RD. O, FL 32837 e named entity e of Florida. RE:	submits this statement for the particles of Registered Agreement for Registered Agreement f	ent	
1329 WEL ORLANDO The above n the Stat SIGNATU	SON RD. O, FL 32837 e named entity e of Florida. RE: Electro	submits this statement for the price Signature of Registered Agentors:) Delete ARL NRD	ent	Date
1329 WELDRLANDO The above n the State SIGNATU OFFICER Title: Name: Address:	ESON RD. D, FL 32837 e named entity e of Florida. RE: Electro S AND DIRECT TD (WISNESKI, CA 1329 WELSON ORLANDO, FL PD (COFFEE, BAB 1248 ARLING	submits this statement for the princ Signature of Registered Agental CTORS:) Delete ARL N RD . 328376552) Delete RBARA	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL WISNESKI TD 01/10/2007