2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2009
Secretary of State

DOCUMENT# N95000003408

Entity Name: THE PARENTING PROJECT, INC.

Current Principal Place of Business:

454 NE 3RD STREET
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

454 NE 3RD STREET
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0603238 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BACKER, KEITH ESQ.
400 S DIXIE HWY # 420
BOCA RATON, FL 33432 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:	S	( ) Delete
Name:	MCDERMOTT, DANA	
Address:	6441 N WAYNE	
City-St-Zip:	CHICAGO, IL 60626	
Title:	VPD	( ) Delete
Name:	FERDMAN, GARY	
Address:	170 EAST 83RD STREET, # 2J	
City-St-Zip:	NEW YORK, NY 10028	
Title:	P	( ) Delete
Name:	CHEVRIER, SUZY G	
Address:	2674 NW 41ST STREET	
City-St-Zip:	BOCA RATON, F 33434	
Title:	T	( ) Delete
Name:	MAXWELL, DORRIE CPA	
Address:	1233 SW 4TH AVENUE	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	D	( ) Delete
Name:	BACKER, KEITH	
Address:	400 S DIXIE HWY # 420	
City-St-Zip:	BOCA RATON, FL 33432	
Title:	ED	( ) Delete
Name:	SCHUVER, ANDREA	
Address:	454 NE 3RD STREET	
City-St-Zip:	BOCA RATON, FL 33432	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ANDREA SCHUVER ED 04/12/2009

Electronic Signature of Signing Officer or Director — Date