


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2007 8:00 am
Secretary of State

08-24-2007 90024 017 ****61.25

DOCUMENT # N95000005001	
1. Entity Name PAHOKEE TARGET AREA PARENT GROUP, INC.	

Principal Place of Business 380 E 5TH ST PAHOKEE, FL 33476	Mailing Address 380 E 5TH ST PAHOKEE, FL 33476
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

07132007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0641526	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
WRIGHT-LAWRENCE, CHEKETA 210 SHIVE AVENUE PAHOKEE, FL 33476	

7. Name and Address of New Registered Agent	
Name La Sonja Morrison	
Street Address (P.O. Box Number is Not Acceptable)	
8615 Glades Drive # 89	
City Pahokee	FL Zip Code 33476

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 <i>La Sonja Morrison</i>	DATE 7/31/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by September 14, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WRIGHT-LAWRENCE, CHEKETA 210 SHIVE DRIVE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOLDIN, DYNISHA 35 LAKESIDE DRIVE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ATKINS, TABITHA 827 PADGETT CIRCLE PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUCCOUGHS, TEQUILLA 147 S. BARFIELD HWY. PAHOKEE, FL 33476 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	La Sonja Morrison 8615 Glades Drive #89 Pahokee, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Deidre Wade 871 Padgett Circle Pahokee, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Latonya Coney 8860 Seville Street Pahokee, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Verniese Harrell 8717 Doveland Dr # A Pahokee, FL 33476 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.	
SIGNATURE: <i>La Sonja Morrison</i>	DATE 7/31/07 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	