

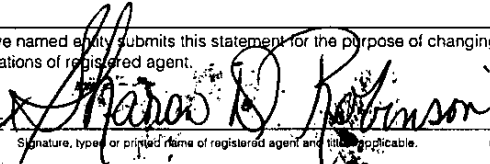
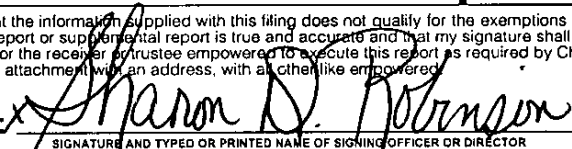


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90027 038 ****70.00

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		<p>00042913</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0641526	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORRISON, LA SONJA 8615 GLADES DRIVE #89 PAHOKEE, FL 33476				Name Sharon Robinson	
				Street Address (P.O. Box Number is Not Acceptable)	
				112 South Elm Avenue	
				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: 				DATE: 4/24/08	
Filing Fee is \$61.25 Due by May 1, 2008				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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRISON, LA SONJA		NAME	Sharon Robinson	
STREET ADDRESS	8615 GLADES DRIVE #89		STREET ADDRESS	112 S. Elm Ave	
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP	Pahokee, Fl 33476	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WADE, DEIDRE		NAME	Chevon Richardson	
STREET ADDRESS	871 PADGETT CIRCLE		STREET ADDRESS	752 Whidden Rd	
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP	Pahokee, Fl 33476	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONEY, LATONYA		NAME	Lakesha Pittman	
STREET ADDRESS	8860 SEVILLE STREET		STREET ADDRESS	795 Padgett Cr	
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP	Pahokee Fl 33476	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRELL, VERNIESE		NAME	Shevonna Doricien	
STREET ADDRESS	8717 DOVELAND DR #A		STREET ADDRESS	252 Holman Ct	
CITY-ST-ZIP	PAHOKEE, FL 33476		CITY-ST-ZIP	Pahokee, Fl 33476	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE: 4/24/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	