## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000087015

Entity Name: PARENTAGE CORP.

FILED Feb 07, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2057 TAFT ST. HOLLYWOOD, FL 33020			
Current Mailing Address:		New Mailing Address:	
2057 TAFT ST. HOLLYWOOD, FL 33020			
FEI Number:	65-0869168 FEI Number Applied For ( ) FEI Number	mber Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
BOGGS, LESTER C 2057 TAFT ST. HOLLYWOOD, FL 33020 US			
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
Election Campaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete BOGGS, LESTER C 4190 S.W. 75TH CIRCLE, EAST DAVIE, FL 33314	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete HUTCHISON, LORA JANN 705 EAST GREEN LANE WOODSTOCK, GA 30189	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete THORNTON, DEBORAH K 4151 S.W. 75TH CIRCLE DAVIE, FL 33314	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete BOGGS, HAMILTON D 19 TOLDEO CT. DAVIE, FL 33324	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete PAYNE, NANCY ANN 20612 ANGELS LANDINGS CT. CLERMONT, FL 34715	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete WILLIAMS, KIMBERLY S 2063 FRUITLAND RD. HENDERSONVILLE, NC 28792	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
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 607, Florida Statutes; and that my name appears			

SIGNATURE: LESTER C. BOGGS D 02/07/2008

above, or on an attachment with an address, with all other like empowered.