2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089494

FILED Apr 08, 2006 Secretary of State

Entity Nan	1e: PARENTA	L CARE CONSULTANTS, IN	C.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	/IEW RD #219 LM BEACH, F	L 33408			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RANT ROAD ILM BEACH, F	L 33408			
FEI Number:	65-0972704	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	MP, BRIAN M ERAL HWY., S L 33418 U			CARR, RENE Y 517 QUADRANT RD NORTH PALM BEACH, FL 33408 US	
The above in the State		ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: RENE CARR				04/08/2006	
	Electroni	c Signature of Registered Age	ent	Date	
Election Cam	paign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DARSEY-CARR, 336 GOLFVIEW		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARR, JAMES 336 GOLFVIEW	Delete RD. #219 EACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE CARR PT 04/08/2006