

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000089494

FILED
Mar 23, 2009
Secretary of State

Entity Name: PARENTAL CARE CONSULTANTS, INC.

Current Principal Place of Business:

336 GOLFVIEW RD #219
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14267
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 65-0972704

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, RENE Y
517 QUADRANT RD
NORTH PALM BEACH, FL 33408 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DARSEY-CARR, RENE
Address: P.O. BOX 14267
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP () Delete
Name: CARR, JAMES
Address: P.O. BOX 14267
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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

03/23/2009

Electronic Signature of Signing Officer or Director

Date