


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000073390	
1. Entity Name PARROT BAY HOMES, INC.	

Principal Place of Business 6851 CYPRESS COVE CIRCLE JUPITER, FL 33458	Mailing Address 6851 CYPRESS COVE CIRCLE JUPITER, FL 33458
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**DO NOT WRITE IN THIS SPACE**

04202006	No Chg-P	CR2E034 (11/05)
4. FEI Number 20-0067016	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERT J. GARDENER, CPA  
 11891 US HWY 1  
 101  
 NORTH PALM BEACH, FL 33408

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000551671  
 05/13/06-80109-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONDE, JAMES D 6851 CYPRESS COVE CIR. JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONDE, JAMES D 6851 CYPRESS COVE CIR JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONDE, JAMES D 6851 CYPRESS COVE CIRCLE JUPITER, FL 33458
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D. Monde Date: 4-26-06 Daytime Phone #: 561-628-9812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR