


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



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0067016

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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

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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 **4-26-06** **561-628-9812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #