


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000073390</b>	
1. Entity Name <b>PARROT BAY HOMES, INC.</b>	

Principal Place of Business <b>6851 CYPRESS COVE CIRCLE JUPITER, FL 33458</b>	Mailing Address <b>6851 CYPRESS COVE CIRCLE JUPITER, FL 33458</b>
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05012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0067016</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000947472  
 06/02/08-90015-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<b>MONDE, JAMES D</b>
NAME	<b>6851 CYPRESS COVE CIR.</b>
STREET ADDRESS	<b>JUPITER, FL 33458</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>MONDE, JAMES D</b>
NAME	<b>6851 CYPRESS COVE CIR</b>
STREET ADDRESS	<b>JUPITER, FL 33458</b>
CITY-ST-ZIP	
TITLE <b>S</b>	<b>MONDE, JAMES D</b>
NAME	<b>6851 CYPRESS COVE CIRCLE</b>
STREET ADDRESS	<b>JUPITER, FL 33458</b>
CITY-ST-ZIP	
TITLE <b>D</b>	<b>MONDE, JAMES D</b>
NAME	<b>6851 CYPRESS COVE CIRCLE</b>
STREET ADDRESS	<b>JUPITER, FL 33458</b>
CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 