
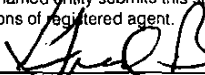
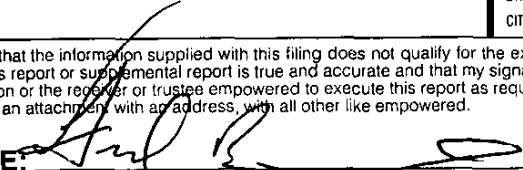


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90096 045 \*\*\*150.00

DOCUMENT # P04000166828			
1. Entity Name PARROT BAY ENTERPRISES, INC			
Principal Place of Business 5615 S.E. GRAHAM DR STUART, FL 34997		Mailing Address 5615 SE GRAHAM DR STUART, FL 34997	
2. Principal Place of Business - No P.O. Box # 7727 SE HERITAGE BLVD		3. Mailing Address 7727 SE HERITAGE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL	
Zip 33455		Zip 33455	
Country		Country	
6. Name and Address of Current Registered Agent BIANCARDI, FRED 5615 SE GRAHAM DR STUART, FL 34997		7. Name and Address of New Registered Agent Name: BIANCARDI, FRED Street Address (P.O. Box Number is Not Acceptable): 7727 SE HERITAGE BLVD City: HOBE SOUND FL Zip Code: 33455	
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: 4-27-07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BIANCARDI, FRED 5615 SE GRAHAM DR STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BIANCARDI, FRED 7727 SE HERITAGE BLVD HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: 4-27-07 (772) 260-6565 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>			

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