2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 06, 2006 8:00 am **Secretary of State DOCUMENT # 482522** 1. Entity Name 02-06-2006 90072 034 ***150 00 PARMAN REALTY, INC. Principal Place of Business Mailing Address 8780 ORCHID IS CIR W P.O. BOX 3178 BEACH ST. 32964 VERO BEACH FL 32964 8780 ORCHID IS CIR W P.O. BOX 3178 BEACH ST: 32964 VERO BEACH FL 32964 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-1626046 70 h Not Applicable \$8.75 Additional 5. Certificate of Status Desired IXO WA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARMAN, HENRY O. Street Address (P.O. Box Number is Not Acceptable) 8780 ORCHID ISLAND CIR W VERO BEACH FL 32964 Zip Code 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITI F ☐ Change ☐ Addition PARMAN, HENRY O NAME STREET ADDRESS 8780 ORCHID ISLAND CIR W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32964 TIT! F Delete TITLE Change ☐ Addition PARMAN, HENRY O NAME NAME STREET ADDRESS 8780 ORCHID ISLAND CIR W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32964 TITLE Detete TITLE ☐ Channe Addition NAME PARMAN, ROBERT H NAME STREET ADDRESS STREET ADDRESS 8780 ORCHID ISLAND CIR W CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

FILED