-2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 12, 2007 8:00 am ANNUAL REPORT (AR) **DOCUMENT # 482522 Secretary of State** 1. Entity Name 02-12-2007 90112 008 ***150.00 PARMAN REALTY, INC. Principal Place of Business Mailing Address 8780 ORCHID IS CIR W .. 8780 ORCHID IS CIR W. ï `¢ \$} P.O. BOX 3178 BEACH ST. 32964 VERO BEACH FL 32964 VERO BEACH FL 32964 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1626046 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARMAN, HENRY O. Street Address (P.O. Box Number is Not Acceptable) 8780 ORCHID ISLAND CIR W VERO BEACH FL 32964 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD mu HILL Delete ☐ Change ☐ Addition PARMAN, HENRY O NAMI. NAME 8780 ORCHID ISLAND CIR W STREET ADDRESS STREET ADDRESS VERO BEACH FL 32964 CITY-S1-71P C(TY-ST-Z)P SVD IIItE ☐ Defete ☐ Change ■ Addition PARMAN, HENRY O NAME 8780 ORCHID ISLAND CIR W STREET ADDRESS STREET ADDRESS VERO BEACH FL 32964 CHY SI-ZIP CITY - ST- ZIP MILE ☐ Delete mo Change Addition PARMAN, ROBERT H NAME 8780 ORCHID ISLAND CIR W STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CHY-ST-71P CITY - ST - ZIP ☐ Delete TITLE TIFLE ☐ Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST ZIP ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IME ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY-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 logal 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED