


**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90025 001 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # F05000004205**

1. Entity Name  
**PARLIAMENT GROUP, INC.**



Principal Place of Business      Mailing Address

**5950 BERKSHIRE LANE, SUITE 950  
 DALLAS, TX 75225**      **5950 BERKSHIRE LANE, SUITE 950  
 DALLAS, TX 75225**

**40036353**



01192007    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>75-2153273</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CLINE, DEBRA L ESQ.  
 C/O PETERSON & MYERS, P.A.  
 141 5TH STREET N.W.  
 WINTER HAVEN, FL 33881**

**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 reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTCD CREWS, ROBERT L JR. 5950 BERKSHIRE LANE, SUITE 950 DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALTEMORE, JOE 5950 BERKSHIRE LANE, SUITE 950 DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ST. CLAIR, MICHELLE 5950 BERKSHIRE LANE, SUITE 950 DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLS, JAMES R III 5950 BERKSHIRE LANE, SUITE 950 DALLAS, TX 75225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 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: [Signature]      2/9/2007      214-739-5553

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