2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004482

Entity Name: PARSONS COMMERCIAL SERVICES INC.

FILED Apr 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
4701 HEDGEMORE DR. CHARLOTTE, CA 28209					
Current Mailing Address:			New Mailing Address:		
4701 HEDGEMORE DR. CHARLOTTE, CA 28209					
FEI Number: (62-1689651	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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.					
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E SMALL, JOHN F 4701 HEDGEMO CHARLOTTE, CA		Title: Name: Address: City-St-Zip:	P (X) Change () Addition ALBRECHT, ANDREW 4701 HEDGEMORE DR CHARLOTTE, CA 28209	
Title: Name: Address: City-St-Zip:	S () E STONE, GARY L 100 WEST WALN PASADENA, CA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () EBAUER, CURTIS 100 WEST WALN PASADENA, CA	NUT ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E HARRINGTON, C 4701 HEDGEMO CHARLOTTE, NO	RE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E SMALL, JOHN F 4701 HEDGEMO CHARLOTTE, NO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zip:	AS () Change (X) Addition JOHANSON, THOMAS 100 W WALNUT ST PASADENA, CA 91124	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS JOHANSON AS 04/16/2008