

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F59063

FILED
Mar 09, 2006
Secretary of State

Entity Name: REALTY PARR EXCELLENCE, INC.

Current Principal Place of Business:

1500 NW 62 ST.
#106
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

108 SE 8 AVE.
#116
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 59-2147420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARR, LINDA
108 SE 8TH AVE.
#116
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: PARR, JOHN H
Address: 1500 NW 62 ST, # 106
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PARR, JOHN H
Address: 1500 NW 62 ST, # 106
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: P () Change (X) Addition
Name: PARR, LINDA C
Address: 108 SE 8 AVE #116
City-St-Zip: FT LAUDERDALE, FL 33301

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA C. PARR

P

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date