

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90180 026 ***150.00

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03212005 Chg-P CR2E034 (10/03)

DOCUMENT # F99000000711 1. Entity Name PARBIRDIE HOLEDINGS INC.					
Principal Place of Business 1858 RINGLING BLVD. SARASOTA, FL 34236			Mailing Address 1858 RINGLING BLVD. SARASOTA, FL 34236		
2. Principal Place of Business 1990 Main St.		3. Mailing Address 1990 Main St.			
Suite, Apt. #, etc. Suite 801		Suite, Apt. #, etc. Suite 801			
City & State Sarasota, FL		City & State Sarasota, FL			
Zip 34236		Country USA		Zip 34236	
Country USA		Country USA			
4. FEI Number 98-0143869					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent NARAVEZ, JANET 1858 RINGLING BLVD. SARASOTA, FL 34236					
7. Name and Address of New Registered Agent Name Janet Narvaez Street Address (P.O. Box Number is Not Acceptable) 1990 Main St. Suite 801 City Sarasota FL Zip Code 34236					
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 <u><i>Janet Narvaez</i></u> Janet Narvaez <u><i>3/21/05</i></u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE	PSD <input type="checkbox"/> Delete				
NAME	DEEKS, PETER A				
STREET ADDRESS	8 GLAZEBROOK AVE/TORONTO, ONTARIO				
CITY-ST-ZIP	CANADA M4P 3H9.				
TITLE	PSD <input type="checkbox"/> Delete				
NAME	DEEKS, WENDY R				
STREET ADDRESS	8 GLAZEBROOK AVE/TORONTO, ONTARIO				
CITY-ST-ZIP	CANADA M4P 3H9.				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any address, with all other like empowered.					
SIGNATURE: <u><i>Peter A Deeks</i></u> Peter A Deeks <u><i>Apr 6/05</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

416-489-2100