FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2005 8:00 am
Secretary of State
08-29-2005 90145 011 ***550.00

DOCUMENT # G65853

1. Entity Name: Parachute Laboratories, Inc.

DO NOT WRITE IN THIS SPACE

50063817

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1665 Lexington Ave.	1665 Lexington Ave.
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 106
City & State: Deland, FL	City & State: Deland FL
Zip: 32724 Country: USA	Zip: 32724 Country: USA

4. FEI Number: 59-2331436 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nancy LaRiviere

Street Address (P.O. Box Number is Not Acceptable): 1665 Lexington Ave. Suite 106

City: Deland FL Zip Code: 32724

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: N J LaRiviere 8/11/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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	Owner Nancy LaRiviere 1665 Lexington Ave. Suite 106 Deland, FL 32724
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: N J LaRiviere 8/11/05 386-734-5867

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