

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005262

FILED
Mar 06, 2007
Secretary of State

Entity Name: PARROT HEADS FOR THE PALM BEACHES, INC.

Current Principal Place of Business:

1036 MANOR DRIVE
PALM SPRINGS, FL 33461

New Principal Place of Business:

Current Mailing Address:

P O BOX 21084
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-1037833

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, RICHARD
1036 MANOR DRIVE
PALM SPRINGS, FL 33461 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARKS, RICHARD
Address: 1036 MANOR DR
City-St-Zip: PALM SPRINGS, FL 33461

Title: TD () Delete
Name: HAWKINS, LINDA
Address: 456 INGLEWOOD DRIVE
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: S () Delete
Name: PORTERFIELD, DIANE
Address: 6902 ATHENA DR
City-St-Zip: LAKE WORTH, FL 33463

Title: MD () Delete
Name: DUNNE, KAREN WILL
Address: 1023 NO K ST
City-St-Zip: LAKE WORTH, FL 334602233

Title: VPD () Delete
Name: PARIS, ANN
Address: 924 NEW LANE DR
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA HAWKINS

TD

03/06/2007

Electronic Signature of Signing Officer or Director

Date