2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 23, 2006 8:00 am Secretary of State 01-23-2006 90046 043 ****70.00

DOCUMENT # N0100004624 1. Entity Name PARROT HEADS OF CITRUS, INC.							đ	ยบบอน	ıvo		
Principal Place of Business PO BOX 1543 CRYSTAL RIVER, FL 34423-1543			Mailing Address PO BOX 1543 CRYSTAL RIVER, FL 34423-1543				Circi (ISII PEN) CENI CEN	ti estin estin elsti	t ama siait Rivi	ir a an	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt, #, etc.			01102006	Chg-NP	CR2E037	(11/05)		
City & State			City & State			4. FEI Numbe 59-342			_ 	olied For Applicable	
Zip			Zīp Cou		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required					
	&_ Name	and Address of Current F	Registered Agent		Address of New R	legistered Ac	tnec				
MCCORD, MIKE					Name Brown, James A.						
1215 S. GE HOMOSAS			Street Address (P.O. Box Number is Not Acceptable) 27.30 W. COMANCHE Pt.								
					-	al River			Zin Code		
					City •			FL	344	29	
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 James a. Brown 1-12-06											
(NOTE: Registered Agent signature required when renstating) DATE											
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B Added to Fees	\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CH	ANGES TO OFFICE	RS AND DIRE	CTORS IN	10	
TITLE											
	DP		Delete	TITLE		P			Change Change	Addition	
NAME	MCCORD		Delete	NAME	E .73.	P COWN . J	ames A		Change Change	☐ Addition	
STREET ADDRESS	MCCORD 1215 S. G	ETTYSBURG DR.	⊠ Delete	NAME STREE	ET ADORESS 2	P 10WN , J 130 N. Ca	manche	P r.		☐ Addition	
STREET ADDRESS CITY-ST-ZIP	MCCORD 1215 S. G HOMOSA			NAME STREE CITY	ET ADORESS 2 -ST-ZIP	P 10WN , J 130 N. Ca Trystal R	manche	P r. 34	429		
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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(352) 795-9090