2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

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Entity Name: PARROT HEADS OF CITRUS, INC.

Current Principal Place of Business:

PO BOX 1543
CRYSTAL RIVER, FL 344231543

New Principal Place of Business:

63 S LINCOLN AVE
BEVERLY HILLS, FL 34465

Current Mailing Address:

PO BOX 1543
CRYSTAL RIVER, FL 344231543

New Mailing Address:

FEI Number: 59-3426721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOXWORTH, JUDY
63 S LINCOLN AVE
BEVERLY HILLS, FL 34465 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: DS ( ) Delete
Name: BROWN, SUSANNE
Address: 2720 N. COMANCHE PT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: T ( ) Delete
Name: MOORE, LYNN
Address: 14429 W. SHEASHELL CT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: VP ( ) Delete
Name: RITA, MARCY B
Address: 2200 N. WATERS EDGE
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P ( ) Delete
Name: FOXWORTH, JUDY
Address: PO BOX 640485
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition
Name: EGGERS, SHERRY
Address: 11490 SE 32ND PLACE
City-St-Zip: MORRISTON, FL 32668

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

Title: VP (X) Change ( ) Addition
Name: LAWSON, MARYJO
Address: 3 TRONU DR
City-St-Zip: INGLIS, FL 34449

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

I hereby certify that the information supplied with this filing does not qualify 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: TREASURER, LYNN MOORE T 04/27/2009

Electronic Signature of Signing Officer or Director — Date