2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000007686

FILED Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90295 032 ****61.25

1. Entity Nam EMERALI		Γ PARROT HEAI	O CLUB I	NC.												
229 CREST DR. P			P.0.	Mailing Address P.O. BOX 5052 DESTIN, FL 32550 US				60026043								
2. Principal P	lace of Busin	ess	3. Mail	ing Address												
Suite, Apt. #, etc.			Suite, Apt. #, etc.					04042006	Ch	g-NP		CR2E	037 (11	/05)		
City & State			Cit	City & State				4. FEI Number 30-0207468						Applied For Not Applicable		
Zip Country				Zip Cou					tus Desi			\$8.7 Fee R				
	6. Name	and Address of Curre	nt Registere	d Agent		Name		7. Name an	id Addr	ess of N	ew Re	gistered	Agent			-
SCHNEIDER, MICHAEL A 229 CREST DR. DESTIN, FL 32550					Street Address (F			P.O. Box Numb	ber is N	ot Acce	otable)	····				_
						City						FI	Zij	p Code	3	-
	named entity tions of regist	y submits this statement lered agent.	t for the purp	ose of changing its	register	red office o	r register	ed agent, or b	oth, in t	he State	ol Flor			r with,	and accep	1
SIGNATURE .	Signature, typed	or printed name of registered ag	ent and little if app	hicable (NOTE	· Registere	ed Agent signat	ure required	when reinstating)				DATE			 	
	_	e is \$61.25 May 1, 2006		9. Election Can Trust Fund C				\$5.00 May Added to Fee				ke ched da Depa				_
10.	Due by M		DIRECTORS			tion.			es	S TO OF	Florid	da Depa	ırtment	of St	iate	
TOTALE.	Due by N	OFFICERS AND	DIRECTORS		11.	tion. LŁ	T	Added to Fee	HANGE		Florid	da Depa	ırtment	of St	ate	
	P WOOLMA	OFFICERS AND	DIRECTORS	Trust Fund C	11. TITL	tion. LŁ	T Ru	Added to Fee	HANGE	ane	FICER	S AND C	IRECTO	of St ORS IN	10 Additio	
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TITLE. NAME STREET ADDRESS CITY ST-ZIP TITLE NAME	P WOOLMA 709 ST. C NICEVILL VP BOB, BIE	OFFICERS AND OFFICERS AND AN, PAUL CROIX COVE E, FL 32578	DIRECTORS	Trust Fund C	11. Titl NAM STRI CITY TITL NAM	LE ME SEET ADDRESS Y-SI-ZIP	T Ru 92	Added to Fee ADDITIONS/CI tledge, 94 Vand	HANGE Dia live	ane re Di	FICER	S AND C	ortment	ORS IN	10 Addition	566
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ppermental 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 viver 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 with an address, with all other like empowered. of the corporation or the recei changed, or on an attachmen

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-06

850-650-0886