


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90026 020 ****70.00

DOCUMENT # N96000005943	
1. Entity Name	
ENDANGERED PARROT TRUST INCORPORATED	

Principal Place of Business	Mailing Address
8675 S.W. 52ND STREET OCALA FL 34481	8675 S.W. 52ND STREET OCALA FL 34481



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 8824 Belagio Drive City & State Trinity, FL Zip 34655 Country USA	Suite, Apt. #, etc. PO Box 770824 City & State Ocala, FL Zip 34177-0824 Country USA

1st MOORE CR2E037 (10/06)

4. FEI Number	Applied For
31-1513491	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent	
MARSHALL, ALAN S ESQ. 6766 COPPERFIELD DR. NEW PORT RICHEY FL 34655	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, GARY	NAME	
STREET ADDRESS	346 HENRY STREET	STREET ADDRESS	
CITY-ST-ZIP	SOUTH AMBOY NJ 08879	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSBINDER, KAY M	NAME	
STREET ADDRESS	630 N. GARDEN CITY ROAD	STREET ADDRESS	
CITY-ST-ZIP	FREEMONT NE 68025	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, ALAN S	NAME	
STREET ADDRESS	6766 COPPERFIELD DR.	STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEHM, KEVIN J	NAME	
STREET ADDRESS	8675 S.W. 52ND STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34481	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 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.

SIGNATURE:

Kevin J. Broehm Broehm Kevin J.

4/27/07

(352) 854 0927