


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000009573	
1. Entity Name PARSE INTERNATIONAL, INC.	

Principal Place of Business 369 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689	Mailing Address 369 MOORINGS COVE DRIVE TARPON SPRINGS, FL 34689
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DO NOT WRITE IN THIS SPACE

07102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3694250	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCOTT, BERNARD E
369 MOORINGS COVE DRIVE
TARPON SPRINGS, FL 34689

**DO NOT WRITE
IN THIS SPACE**

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 of officer or principal named as registered agent and if not applicable, Signature of Registered Agent required when re-registering DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDST SCOTT, BERNARD E 369 MOORINGS COVE DR TARPON SPRINGS, FL 34689
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07/13/05-80006-015 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(f), 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 607, 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: BERNARD E SCOTT 7/9/05 727-938 8416
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #