


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90009 044 ***150.00

DOCUMENT # P01000038806 1. Entity Name PARKER HEALTHCARE PRODUCTS, INC.					
Principal Place of Business 105 S RIVERSIDE DRIVE UNIT 121 INDIALANTIC, FL 32903			Mailing Address 105 S RIVERSIDE DRIVE UNIT 121 INDIALANTIC, FL 32903		
2. Principal Place of Business 1112 W-NEW HAVEN AVE Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 510694 Suite, Apt. #, etc.			
City & State W-MELBOURNE FL Zip 32904		City & State MELBOURNE BEACH FL Zip 32951		4. FEI Number 59-3713490	
Country U.S.A		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKER, SHAWN 1905 C. MUNICIPAL LANE MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name PARKER SHAWN Street Address (P.O. Box Number is Not Acceptable) 1903 S. ATLANTIC ST City MELBOURNE BEACH FL Zip Code 32951		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SHAWN 1903 S. ATLANTIC ST., UNIT 212 MELBOURNE BCH, FL 32951 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3-2-2006 Daytime Phone # 321-756-4000		