2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000053954

Entity Name: THE PARKIN LOT, INC.

FILED Apr 30, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5348 ANTHONY AVENUE 704 BOWMAN AVE MILTON, FL 32570 GLENWOOD, IA 51534

Current Mailing Address: New Mailing Address:

665 SAN RODOLFO DRIVE 704 BOWMAN AVE SUITE 109 GLENWOOD, IA 51534 SOLANA BEACH, CA 92075

FEI Number: 01-0672955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKIN, KEVIN E 5348 ANTHONY AVENUE MILTON, FL 32570

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PARKIN, KEVIN E PARKIN, KEVIN E Name:

Name: 665 SAN RODOLFO DRIVE, STE 109 704 BOWMAN AVE Address: Address: City-St-Zip: SOLANA BEACH, CA 92075 City-St-Zip: GLENWOOD, IA 51534

DV Title: DV Title: () Delete (X) Change () Addition

Name: PARKIN, DEBRA R Name: PARKIN, DEBRA R 665 SAN RODOLFO DRIVE, STE 109 704 BOWMAN AVE Address: Address: SOLANA BEACH, CA 92075 GLENWOOD, IA 51534 City-St-Zip: City-St-Zip:

Title: Title: () Delete D (X) Change () Addition

PARKIN, DON H PARKIN, DON H Name: Name:

5348 ANTHONY AVENUE 204 3RD ST Address: Address: City-St-Zip: MILTON, FL 32570 City-St-Zip: GLENWOOD, IA 51534

Title: () Delete Title: os (X) Change () Addition

PARKIN, ELIA J PARKIN, ELIA J Name: Name: Address: 5348 ANTHONY AVENUE Address: 204 3RD ST

City-St-Zip: City-St-Zip: MILTON, FL 32570 GLENWOOD, IA 51534

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN E. PARKIN OP 04/30/2006