2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075835

Entity Name: PARABLE ENTERPRISES, INC.

BURNEY, JAMES D MR.

JACKSONVILLE, FL 32222

9375 MAYVILLE RD.

Name:

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 207 NORTH LAURA ST SUITE 260 JACKSONVILLE, FL 32207 **New Mailing Address: Current Mailing Address:** P.O. BOX 551430 JACKSONVILLE, FL 32255 FEI Number: 30-0124310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WORTHERLY, TONI L ESQ 1650-7 SAN PÁBLO RD SOUTH JACKSONVILLE, FL 32224 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition HOLMES, NICOLE T MRS. Name: Name: 8318 HEDGEWOOD DR. Address: Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: **PRES** () Delete Title: () Change () Addition Name: HOLMES, GLENN E MR. Name: 8318 HEDGEWOOD DR. Address: Address: JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip: Title: Title: () Delete DIR (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

BURNEY, JAMES D MR.

JACKSONVILLE, FL 32222

9375 MAYVILLE RD.

SIGNATURE: GLENN HOLMES **PRES** 05/01/2006