2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000075835

Entity Name: PARABLE ENTERPRISES, INC.

FILED Apr 29, 2007 Secretary of State

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

207 NORTH LAURA ST 8318 HEDGEWOOD DR. SUITE 260 JACKSONVILLE, FL 32216 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 JENKINS, DAWN B 1650-7 SAN PÁBLO RD SOUTH 726 GINA DR.

JACKSONVILLE, FL 32208 US 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: DBJ 04/29/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

BURNEY, JAMES D MR. Name: BURNEY, JAMES D MR. Name: 9375 MAYVILLE RD. 3730-G CRESWICK CIRCLE Address: Address: City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 32065

I hereby certify that the information supplied with this filing does not qualify 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.

VΡ SIGNATURE: NICOLE HOLMES 04/29/2007