2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90447 005 ***158.75

DOCUMENT# P03000000416

1. EntityName
PARKERPROJECTS,INC.

44036046

PrincipalPlaceofBusiness	MailingAddress
460 GLENBROOK DRIVE ATLANTIS, FL 33462	460 GLENBROOK DRIVE ATLANTIS, FL 33462

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

04222004 Chg-P CR2E034(10/03)

4. FEINumber 65-1166456 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☑ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
SPIEGEL&UTRERA,P.A. 1840SW22NDST. 4THFLOOR MIAMI,FL33145	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE ______________________________
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	PSTD KIM,THOMASWE 460GLENBROOKDRIVE ATLANTIS,FL33462	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	VD KIM,JANETB 460GLENBROOKDRIVE ATLANTIS,FL33462	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: [signature] Thomas Kim 4/22/04 561-963-9107
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#