

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049142

Entity Name: PARRA MO ENTERTAINMENT, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 608984
ORLANDO, FL 328608984

New Principal Place of Business:

4621 HAZELGROVE DR
ORLANDO, FL 32818

Current Mailing Address:

P.O. BOX 608984
ORLANDO, FL 328608984

New Mailing Address:

4621 HAZELGROVE DR
ORLANDO, FL 32818

FEI Number: 57-1164320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, ANSON D
8326 ROSE GROVE RD
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

CAMPBELL, LARRY T
4621 HAZELGROVE DR
ORLANDO, FL 32818 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: LARRY T CAMPBELL

05/01/2006

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:

Title: DP () Delete
Name: WATTS, ANSON D
Address: P.O. BOX 608984
City-St-Zip: ORLANDO, FL 328608984

Title: DVST () Delete
Name: CAMPBELL, LARRY T
Address: P.O. BOX 608984
City-St-Zip: ORLANDO, FL 328608984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WATTS, ANSON D
Address: P.O. BOX 3956
City-St-Zip: CORDOVA, TN 38088

Title: DVST (X) Change () Addition
Name: CAMPBELL, LARRY T
Address: 4621 HAZELGROVE DR
City-St-Zip: ORLANDO, FL 32818

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: LARRY T CAMPBELL

DVST

05/01/2006

Electronic Signature of Signing Officer or Director

Date