


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State


06-25-2007 90001 025 ***150.00

DOCUMENT # P04000004208	
1. Entity Name PARKING STRIPES, INC.	

Principal Place of Business 4800 NW 77TH CT. POMPANO BCH, FL 33073	Mailing Address 4800 NW 77TH CT. POMPANO BCH, FL 33073
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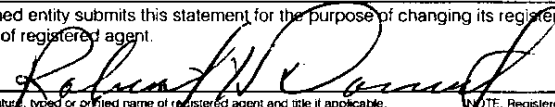
2. Principal Place of Business - No P.O. Box # 6894 CLENDENIN ST	3. Mailing Address 6894 CLENDENIN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33467	Country U.S.A.
Zip 33467	Country U.S.A.

	
06172007 Chg-P	CR2E034 (12/06)
4. FEI Number 74-3111715	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

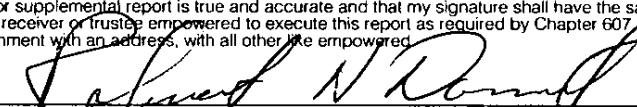
6. Name and Address of Current Registered Agent DORIOT, ROBERT H 4800 NW 77TH CT. POMPANO BCH, FL 33073	
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7. Name and Address of New Registered Agent Name ROBERT H. DORIOT Street Address (P.O. Box Number is Not Acceptable) 6894 CLENDENIN STREET City LAKE WORTH FL 33467	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE
NOTE: Registered Agent signature required when reinstating	

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIOT, ROBERT H 4800 NW 77TH CT. POMPANO BCH, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORIOT, ROBERT H 6894 CLENDENIN ST LAKE WORTH FL 33467 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORIOT, JOAN M 4800 NW 77TH CT. POMPANO BCH, FL 33073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DORIOT JOAN M 6894 CLENDENIN ST LAKE WORTH FL 33467 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	