

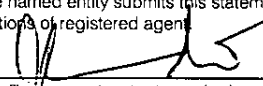
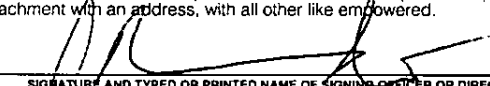


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000022872 1. Entity Name PARKER EVENTS INC.					
Principal Place of Business 5565 SCHENCK AVE STE 2 VIERA, FL 32955			Mailing Address 5565 SCHENCK AVE STE 2 VIERA, FL 32955		
2. Principal Place of Business 5565 Schenck Ave STE 2 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 560223 Suite, Apt. #, etc.			
City & State Viera FL		City & State Rockledge FL, 32956		4. FEL Number 87-0721208	
Zip 32955		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERARDI, JACOB 13316 PALOMA DR ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name JACOB Berardi Street Address (P.O. Box Number is Not Acceptable) 1834 Thesy DR City Melbourne FL Zip Code 32940	
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  3-6-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERARDI, JACOB <input type="checkbox"/> Delete 5565 SCHENCK AVE STE 2 VIERA, FL 32955		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900070795529 04/18/06--01032--020 **908.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Please mail papers to: P.O. Box 560223 Rockledge FL 32956 <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	
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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: 			3-6-06 585-370-5676 637-3777		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		