
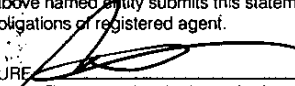
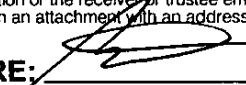


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 019 ***150.00

DOCUMENT # P04000026879						
1. Entity Name PARSONS DEVELOPMENT STRATEGIES INC.						
Principal Place of Business 8 BROADWAY AVE. SUITE 218 KISSIMMEE, FL 34741			Mailing Address 8 BROADWAY AVE. SUITE 218 KISSIMMEE, FL 34741			
2. Principal Place of Business - No P.O. Box # 202 BROADWAY Suite, Apt. #, etc.		3. Mailing Address 202 BROADWAY Suite, Apt. #, etc.				
City & State Kissimmee Florida		City & State Kissimmee, Florida		4. FEI Number 20-0740726		
Zip 34741		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PARSONS, RYAN D 8 BROADWAY AVE. SUITE 218 KISSIMMEE, FL 34741			7. Name and Address of New Registered Agent Name: RYAN D. PARSONS Street Address: (P.O. Box Number is Not Acceptable) 202 BROADWAY City: KISSIMMEE FL 34741			
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: 4.18.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PARSONS, RYAN D 8 BROADWAY AVE., SUITE 218 KISSIMMEE, FL 34741		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	202 BROADWAY KISSIMMEE FL 34741	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 			4.18.08			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>			
<small>Daytime Phone #</small>						

60035808



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