2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060759

Entity Name: PARKER TOPLIFF VENTURES, INC.

FILED Apr 14, 2007 Secretary of State

Durrent Principal Place of Business: New Principal Place of Busines	t Principal Place of Business:	New Principal Place of Busines
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17571 ROCKEFELLER CIRCLE 17571 ROCKEFELLER CIRCLE FORT MYERS, FL 33912 FORT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

542 PRATHER DR. 574 SANFORD DR. FORT MYERS, FL 33919 FORT MYERS, FL 33919

FEI Number: 20-1008621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TOPLIFF, KATHLEEN
542 PRATHER DR.
FORT MYERS, FL 33919 US

TOPLIFF, KATHLEEN
574 SANFORD DR.
FORT MYERS, FL 33919 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: 04/14/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

() Delete Title: PD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: PARKER, ROBERT J Name: PARKER, ROBERT J Address: 1521 MARAVILLA AVENUE Address: 3421 VIA TORCIDA
City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901

Title: VD () Delete Title: VD (X) Change () Addition Name: TOPLIFF, JACK Name: TOPLIFF, JACK

Name:TOPLIFF, JACKName:TOPLIFF, JACKAddress:542 PRATHER DRIVEAddress:574 SANFORD DRIVECity-St-Zip:FORT MYERS, FL 33919City-St-Zip:FORT MYERS, FL 33919

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 TOPLIFF, KATHLEEN
 Name:
 TOPLIFF, KATHLEEN

 Address:
 542 PRATHER DRIVE
 Address:
 574 SANFORD DRIVE

 City-St-Zip:
 FORT MYERS, FL 33919
 City-St-Zip:
 FORT MYERS, FL 33919

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: KATHLEEN TOPLIFF ST 04/14/2007