

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90002 036 ***150.00

DOCUMENT # P04000061547 1. Entity Name PARROT PROPERTIES, INC.					
Principal Place of Business 1061 CORAL DRIVE BOYNTON BEACH, FL 33426			Mailing Address 1061 CORAL DRIVE BOYNTON BEACH, FL 33426		
2. Principal Place of Business 6499 BRANDON ST. Suite, Apt. #, etc.		3. Mailing Address 6499 BRANDON ST. Suite, Apt. #, etc.		<div style="font-size: 2em; transform: rotate(-10deg); display: inline-block;">60038965</div> 	
City & State PALM BEACH GARDENS		City & State PALM BEACH GARDENS		4. FEI Number 20-0993644	
Zip 33418		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEVERLY, SYLVIA J 1061 CORAL DRIVE BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6499 BRANDON STREET City PALM BEACH GARDENS FL Zip Code 33418	
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 <u>Sylvia J. Heverly</u> DATE <u>9/12/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEVERLY, P. WINSTON 1061 CORAL DRIVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME 6499 BRANDON STREET PALM BEACH GARDENS FL 33418	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>P. Winston Heverly</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: <u>9/12/06</u> DAYTIME PHONE #: <u>561-630-9958</u>		