
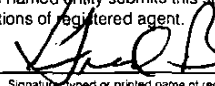
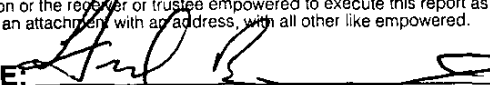


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90096 045 ***150.00

DOCUMENT # P04000166828 1. Entity Name PARROT BAY ENTERPRISES, INC						
Principal Place of Business 5615 S.E. GRAHAM DR STUART, FL 34997			Mailing Address 5615 SE GRAHAM DR STUART, FL 34997			
2. Principal Place of Business - No P.O. Box # 7727 SE HERITAGE BLVD		3. Mailing Address 7727 SE HERITAGE BLVD				
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 				
City & State HOBE SOUND, FL		City & State HOBE SOUND, FL		4. FEI Number 06-1736953		
Zip 33455		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BIANCARDI, FRED 5615 SE GRAHAM DR STUART, FL 34997				7. Name and Address of New Registered Agent Name BIANCARDI, FRED Street Address (P.O. Box Number is Not Acceptable) 7727 SE HERITAGE BLVD City HOBE SOUND FL Zip Code 33455		
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 4-27-07 <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, 2007 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	PSTD BIANCARDI, FRED 5615 SE GRAHAM DR STUART, FL 34997		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BIANCARDI, FRED 7727 SE HERITAGE BLVD HOBE SOUND, FL 33455	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			Date 4-27-07 (772) 260-6565			