

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29697

FILED
Apr 28, 2006
Secretary of State

Entity Name: PARSIFAL CORPORATION

Current Principal Place of Business:

1243 SHERMAN DR
LONGMONT, CO 80501

New Principal Place of Business:

PO BOX 268
JAMESTOWN, CO 80455

Current Mailing Address:

1243 SHERMAN DR
LONGMONT, CO 80501

New Mailing Address:

PO BOX 268
JAMESTOWN, CO 80455

FEI Number: 11-2619893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DEVENTER, MIKE
4600 LIPSCOMB STREET
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OLSEN, MARK S.,
Address: 1243 SHERMAN DRIVE , 7/8
City-St-Zip: LONGMONT, CO 80501

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: OLSEN, MARK S.,
Address: PO BOX 268
City-St-Zip: JAMESTOWN, CO 80455

Title: D () Change (X) Addition
Name: COONS, GARY,
Address: 112 MAIN STREET
City-St-Zip: WATERVILLE, ME 04901

Title: D () Change (X) Addition
Name: VANDEVENTER, MIKE,
Address: 112 MAIN STREET
City-St-Zip: WATERVILLE, ME 04901

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: MARK OLSEN

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date