2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 30, 2007
Secretary of State

DOCUMENT# P93000088172

Entity Name: PARCHER CORPORATION

Current Principal Place of Business:

302A 15120 PORTS OF IONA DR.
FT. MYERS, FL 33908 US

New Principal Place of Business:

474 HERON POINT
CHESTERTOWN, MD 21620 US

Current Mailing Address:

302 A 15120 PORTS OF IONA DR
FT. MYERS, FL 33908 US

New Mailing Address:

474 HERON POINT
CHESTERTOWN, MD 21620 US

FEI Number: 52-0810620 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARCHER, JAMES H
302 A 15120 PORTS OF IONA DRIVE
FT. MYERS, FL 33908 US

Name and Address of New Registered Agent:

GENNARO, MICHAEL A
4635 SOUTH DEL PRADO BOULEVARD
CAPE CORAL, FL 33904 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: MICHAEL A. GENNARO 05/30/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PARCHER, JAMES H
Address: 302 A PORTS OF IONA DRIVE
City-St-Zip: FT.MYERS, FL

Title: STD ( ) Delete
Name: PARCHER, JEAN W
Address: 302 A PORTS OF IONA DRIVE
City-St-Zip: FT. MYERS, FL

Title: VD ( ) Delete
Name: PARCHER, KENNETH B
Address: 190 208 GEORGE STREET
City-St-Zip: CHESAPEAKE CITY, MD 21915

Title: D ( ) Delete
Name: PARCHER, DAVID W
Address: 11479 STATION RD.
City-St-Zip: WORTON, MD

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PARCHER, JAMES H
Address: 474 HERON POINT
City-St-Zip: CHESTERTOWN, MD 21620

Title: STD (X) Change ( ) Addition
Name: PARCHER, JEAN W
Address: 474 HERON POINT
City-St-Zip: CHESTERTOWN, MD 21620

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES H. PARCHER PD 05/30/2007
Electronic Signature of Signing Officer or Director Date