


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000023713		
1. Entity Name PARCEL G ISLAND DEVELOPMENT CORP.		
Principal Place of Business 245 FRONT ST KEY WEST, FL 33040 US	Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALSH, MARK 1001 E ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALSH, MICHAEL 1001 E ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMURRAIN, THOMAS T 1001 E ATLANTIC AVE, STE. 202 DELRAY BEACH, FL 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRITCHFIELD, RICHARD H 1001 E ATLANTIC AVE., STE. 202 DELRAY BEACH, FL 33483	
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: <u>Mark Walsh</u> <u>Mark Walsh, Pres.</u> <u>1/26/06</u> <u>(561)279-9900</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0478858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000529594
05/05/06-80081-022 150.00

**DO NOT WRITE
IN THIS SPACE**