

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P95000033849

1. Entity Name
 PARCEL K 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



01202006 No Chg-P CR2E034 (11/05)

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4. FEI Number
 65-0686312 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WALSH, MARK
STREET ADDRESS	1001 E ATLANTIC AVE, STE. 202
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VT
NAME	WALSH, MICHAEL
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 202
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	V
NAME	WALSH, WILLIAM
STREET ADDRESS	1000 MARKET ST BLDG 1
CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	V
NAME	MCMURRAIN, THOMAS
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 202
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	S
NAME	CRITCHFIELD, RICHARD
STREET ADDRESS	1001 E ATLANTIC AVE., STE. 201
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mark Walsh Mark Walsh Pres. 1/26 Date Daytime Phone # 9900