



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000033849 1. Entity Name PARCEL K ISLAND DEVELOPMENT CORP.	
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Principal Place of Business 245 FRONT ST KEY WEST, FL 33040 US	Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0686312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

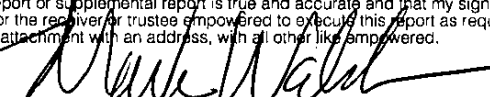
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000676306 03/30/07-80053-020 150.00
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10. OFFICERS AND DIRECTORS

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:  **1/24/07** **(561) 279-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Mark Walsh, President