2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004544

Entity Name: PARSONS-LOWE ENTERPRISES INC.

FILED Jan 28, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

1509 BETH ANN CT 328 WEST OAK STREET KISSIMMEE, FL 34744 KISSIMMEE, FL 34741

Current Mailing Address: New Mailing Address:

1509 BETH ANN COURT KISSIMMEE, FL 34744

FEI Number: 59-3422287 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARSONS-LOWE, TERRI
1509 BETH ANN CT
KISSIMMEE, FL 34744 US
LOWE, TERRI
1509 BETH ANN CT
KISSIMMEE, FL 34744 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: TERRI LOWE 01/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PSTD () Delete Title: PSTD (X) Change () Addition
PARSONS-LOWE, TERRI Name: LOWE, TERRI

 Name:
 PARSONS-LOWE, TERRI
 Name:
 LOWE, TERRI

 Address:
 1509 BETH ANN CT
 Address:
 1509 BETH ANN CT

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744 US

Title: D () Delete Title: D (X) Change () Addition Name: LOWE, JOHN E Name: LOWE, JOHN E

 Name:
 LOWE, JOHN E
 Name:
 LOWE, JOHN E

 Address:
 1509 BETH ANN CT
 Address:
 1509 BETH ANN CT

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:
 KISSIMMEE, FL 34744 US

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: TERRI LOWE P 01/28/2009