

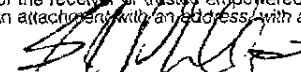


**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V26653</b> 1. Entity Name <b>PARRY PHILLIPS, P.A.</b>				<b>Jan 31, 2006 08:00 AM</b> <b>Secretary of State</b>																									
Principal Place of Business <b>4481 N STATE RD 7 STE 1 LAUDERDALE LAKES FL 33319 US</b>		Mailing Address <b>4481 N STATE RD 7 STE 1 LAUDERDALE LAKES FL 33319 US</b>																											
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0323309</b> Applied For Not Applicable																									
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent <b>PHILLIPS, BRINEL-JOY ESQ 4481 N STATE RD 7 SUITE #1 LAUDERDALE LAKES FL 33319</b>				7. Name and Address of New Registered Agent																									
				Name																									
				Street Address (P.O. Box Number is Not Acceptable)																									
				City																									
				FL Zip Code																									
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 _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May C Added to Fees																									
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  1/25/06																													