


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90145 028 \*\*\*150.00

<b>DOCUMENT # 242513</b> 1. Entity Name <b>PALM WORTH INC</b>					
Principal Place of Business <b>2850 S. OCEAN BLVD. PALM BEACH, FL 33480</b>			Mailing Address <b>2850 S. OCEAN BLVD. PALM BEACH, FL 33480</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1005463</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DIREKTOR, KENNETH S ESQ BECKER &amp; POLIAKOFF, P.A. 625 NORTH FLAGLER DR 7TH FLOOR WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD GERWIG, DAVID 2850 SOUTH OCEAN BLVD #505 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD WALLIS, TOM 2850 S. OCEAN BLVD #409 PALM Bch, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD BRENNAN, LINDA 2850 S OCEAN BLVD #305 PALM BCH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Brennan, Linda 2850 S. OCEAN BLVD. #305 PALM BCH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CONGDON, ROBERT E 2850 SOUTH OCEAN BLVD #405 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D CAIRNS, WALTER 2850 S OCEAN BLVD #408 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	T MORGENSTERN, OSCAR 2850 S. OCEAN BLVD #313 PALM BEACH, FL 33480		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BOYLE, ARTHUR 5818 WASHINGTON BLVD INDIANAPOLIS, IN 46220		TITLE NAME STREET ADDRESS CITY-ST- ZIP	Change Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the e indicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or trustee empowered to execute this report as requir changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Linda Brennan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/16/07</b> Daytime Phone #		