2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 23, 2006 08:00 AM Secretary of State **DOCUMENT # 582203** PALM BEACH SOCIETY COMPANIES, INC. Principal Flace of Business **Mailing Address** PO BOX 3229 240 WORTH AVENUE PALM BEACH, FL 33480 PALM BEACH, FL 33480 01302006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1844880 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE SHEERAN, JAMES J. 240 WORTH AVENUE PALM BEACH, FL 33480 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 [NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered again and lifts if applicable U00000444210 03/06/06-80042-011 150.00 \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 1171 F SHEERAN, JAMES J. NAME STREET ADDRESS 240 WORTH AVENUE PALM BEACH, FL ... CHY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 177LE NAME STREET ADDRESS CITY-ST-ZO 3371.5 NAME

12. Thereby certify that the information supplied with this titing 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 legat effect as it 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. STEPATURE AND STEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

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