

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2007
Secretary of State**

DOCUMENT# 702364

Entity Name: 455 AUSTRALIAN AVENUE CORP.

Current Principal Place of Business:

455 AUSTRALIAN AVE.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

455 AUSTRALIAN AVE.
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-0877051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, CARALYN P
455 AUSTRALIAN AVE.
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MURRAY, W. STEPHEN
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BCH., FL 33480

Title: VP () Delete
Name: KIBORT, CHARLES A JR
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: T () Delete
Name: SHEERAN, JAMES
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: S () Delete
Name: FREDRICKS, JOAN
Address: 455 AUSTRALIAN AVE
City-St-Zip: PALM BEACH, FL 33480

Title: D () Delete
Name: FORREST, ROBERT
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: AS () Delete
Name: ROBINSON, CARALYN P
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILLER, GINA
Address: 455 AUSTRALIAN AVE.
City-St-Zip: PALM BEACH, FL 33480

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARALYN P. ROBINSON

AS

04/25/2007

Electronic Signature of Signing Officer or Director

Date