


**2008 NOT-FOR-PROFIT CORPORATIO
ANNUAL REPORT**


FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # 702364
1. Entity Name
455 AUSTRALIAN AVENUE CORP.



Principal Place of Business 455 AUSTRALIAN AVE. PALM BEACH, FL 33480	Mailing Address 455 AUSTRALIAN AVE. PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0877051	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000791523
01/23/08-80078-018.61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURRAY, W. STEPHEN 455 AUSTRALIAN AVE. PALM BCH., FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KIBORT, CHARLES A JR 455 AUSTRALIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHEERAN, JAMES 455 AUSTRALIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREDRICKS, JOAN 455 AUSTRALIAN AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GINA 455 AUSTRALIAN AVE. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROBINSON, CARALYN P 455 AUSTRALIAN AVE. PALM BEACH, FL 33480

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caralyn P. Robinson **Date:** 1.12.08 **Daytime Phone #:** 561655-8013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR