## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State

DOCUMENT # 746554  1. Entity Name PALM BEACH CHAMBER OF COMMERCE, INC.							05-01-2006 90401 048 ****61.25				
Principal Place of Business 45 COCOANUT ROW 45 COCOANUT ROW PALM BEACH, FL 33480  PALM BEACH, FL 33480							₫////ati.				
2. Principal Place of Business 400 REVAL PALM VAULE DE DVAL PALM VAU											
				Suite, Apt. #, etc.			04132006 Ch	g-NP CR	2E037 (11/05)		
City & State			Cit	City & State			4. FEI Number		Ар	plied For	
7:	7in Country		7.	7in C.			59-0389290			t Applicable	
Zip	Country		ZIE	Zip Co			5. Certificate of Status Desired See Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
BAKER, LAUREL T						Name					
45 COCOANUT ROW PALM BEACH, FL 33480						Street Address (P.O. Box Number is Not Acceptable)					
THE DECOME TO SOLUTION					L	400 ROYAL PALM WAY					
						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											
	Signature, typed	or printed name of registered agent a	nd title if app	licable. (NOTE	: Registered Age	nt signature require	ed when reinstating)	D	ATE		
Filing Fee is \$61.25 Due by May 1, 2006				Election Campaign Financing     Trust Fund Contribution.			\$5.00 May Be Added to Fees		heck payable to epartment of St		
10.	T	OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS IN	10	
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NAME	-THOMAS	•			NAME	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	UP TER	RANDI	DLDH I	• l	
STREET ADDRESS 324 NORTH LAKESIDE COLURT CITY-ST-ZIP WEST PALM BEACH, FL 33407					STREET ADI	, <u> </u>	HD BM	AL POI	MINU	YAW	
12 Thereby o	ertify that the	e information supplied with	this filing	does not qualify for	the evernati	one containe	d in Chapter 119, Florid	da Statutes, I furthe	r certify that the in	formation	
12. Thereby 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.											