


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # G60875
 1. Entity Name
P.A.L. RESOURCES, INC.



Principal Place of Business 111 MAJORCA AVE. B CORAL GABLES, FL 33134 US	Mailing Address 111 MAJORCA AVE. B CORAL GABLES, FL 33134 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2157553	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
 BARON, RICHARD J.D.
 11077 BISCAYNE BLVD. STE 307
 MIAMI, FL 33161

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVINE, PAULA PHD 111 MAJORCA AVE #B CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEVINE, JACK B. 600 SCRAPETREE DR KEY BISCAYNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARON, RICHARD 11077 BISCAYNE BLVD MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/01/06-80026-006 150.00

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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 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.

SIGNATURE: *Paula Levine* *April 15/06* *305-275-42*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PAULA LEVINE