

2007

CORPORATION ANNUAL REPORT

FILED
Jul 31, 2007
Secretary of State

DOCUMENT# N08000001606

Entity Name: WEST PALM 100, INC.

Current Principal Place of Business:

P.O. BOX 4412
WEST PALM BEACH, FL 33402

New Principal Place of Business:

515 NORTH FLAGLER DRIVE
SIXTH FLOOR
WEST PALM BEACH, FL 33401

Current Mailing Address:

P.O. BOX 4412
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 30-0256957 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOSA, JOSE D ESQ.
515 NORTH FLAGLER DRIVE, SIXTH FLOOR
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: FOX, SHANNON
Address: P. O. BOX 4412
City-St-Zip: WEST PALM BEACH, FL 33402

Title: V, D () Delete
Name: PLAKAS, TONY
Address: P. O. BOX 4412
City-St-Zip: WEST PALM BEACH, FL 33402

Title: S, D () Delete
Name: CURTIN, KENNETH
Address: P. O. BOX 4412
City-St-Zip: WEST PALM BEACH, FL 33402

Title: T, D () Delete
Name: SOSA, JOSE D
Address: 515 NORTH FLAGLER DRIVE, SIXTH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: BONLARRON, TODD
Address: P. O. BOX 4412
City-St-Zip: WEST PALM BEACH, FL 33402

Title: D () Delete
Name: BUHLER, DIANE
Address: P. O. BOX 4412
City-St-Zip: WEST PALM BEACH, FL 33402

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: D (X) Change () Addition
Name: SOSA, JOSE D
Address: 515 NORTH FLAGLER DRIVE, SIXTH FLOOR
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

SIGNATURE: JOSE D. SOSA

DIR

07/31/2007

Electronic Signature of Signing Officer or Director

Date