


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90175 045 \*\*\*\*61.25

<b>DOCUMENT # N25768</b>					
1. Entity Name PALM BEACH PACKET GROUP, INC.					
Principal Place of Business 1043 WIDGEON ROAD WELLINGTON, FL 33414			Mailing Address 1043 WIDGEON ROAD WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0020544	
				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				7. Name and Address of New Registered Agent	
GREEN, JOHN H 1043 WIDGEON ROAD WEST PALM BEACH, FL 33414				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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 and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, FRANK C		NAME	THOMAS M. THOMPSON	
STREET ADDRESS	512 E. PASADOVA		STREET ADDRESS	16684 ORANGE BLVD.	
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMBERMAN, ROBERT J		NAME	JOHN SHEATS	
STREET ADDRESS	P.O. BOX 847		STREET ADDRESS	17436 79TH CT N.	
CITY-ST-ZIP	LAKE WORTH, FL 33460		CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCKER, DOUGLAS		NAME		
STREET ADDRESS	6660 KATHERINE RD		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JOHN H		NAME		
STREET ADDRESS	1043 WIDGEON ROAD		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEATS, JOHN		NAME		
STREET ADDRESS	17436 79TH CT N.		STREET ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE, FL 33470		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Douglas Welcker</i> 8 Feb 07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					