

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101128

FILED
May 01, 2006
Secretary of State

Entity Name: MIGUN OF THE PALM BEACHES, INC.

Current Principal Place of Business:

851 VILLAGE BLVD
SUITE 501
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

1404 NW COCONUT POINT LANE
STUART, FL 34994 US

Current Mailing Address:

851 VILLAGE BLVD
SUITE 501
WEST PALM BEACH, FL 33409 US

New Mailing Address:

1404 NW COCONUT POINT LANE
STUART, FL 34994 US

FEI Number: 20-1346777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, BYRON R
851 VILLAGE BLVD, SUITE 501
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

WOOD, BYRON R
1404 NW COCONUT POINT LANE
STUART, FL 34494 US

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: BYRON R WOOD

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOOD, BRITTANY N
Address: 851 VILLAGE BLVD, SUITE 501
City-St-Zip: W PALM BEACH, FL 33409

Title: VP () Delete
Name: WOOD, DONNA M
Address: 851 VILLAGE BLVD, SUITE 501
City-St-Zip: W PALM BEACH, FL 33409

Title: VP () Delete
Name: WOOD, BYRON R
Address: 851 VILLAGE BLVD, SUITE 501
City-St-Zip: W PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WOOD, BRITTANY N
Address: 1404 NW COCONUT POINTE LANE
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: WOOD, DONNA M
Address: 1404 NW COCONUT POINTE LANE
City-St-Zip: STUART, FL 34994

Title: VP (X) Change () Addition
Name: WOOD, BYRON R
Address: 1404 NW COCONUT POINTE LANE
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the 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: DONNA M WOOD

P

05/01/2006

Electronic Signature of Signing Officer or Director

Date