

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2008 8:00 am**  
**Secretary of State**

02-05-2008 90011 018 \*\*\*150.00

**DOCUMENT # P06000006689**



1. Entity Name  
**3410 FLAGLER, INC.**

Principal Place of Business Mailing Address  
**2141 ASCOTT RD NORTH PALM BEACH, FL 33406** → **2141 ASCOTT RD NORTH PALM BEACH, FL 33406** →

40018301



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**3410 North Flagler Drive** **3410 North Flagler Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01312008 Chg-P CR2E034 (12/06)

City & State <b>West Palm Beach, FL</b>		City & State <b>West Palm Beach, FL</b>		4. FEI Number <b>20-4174832</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33407</b>	Country <b>USA</b>	Zip <b>33407</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <del>ARMOUR, ALAN H 1645 PALM BEACH LAKES BLVD SUITE 1200 WEST PALM BEACH, FL 33401</del>		7. Name and Address of New Registered Agent Name <b>Paxman, John T.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1832 North Dixie Highway</b> City <b>Lake Worth</b> <b>FL</b> Zip Code <b>33460</b>	
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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 John T. Paxman DATE 2-1-08  
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, 2008 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P WHEATON, LEE 2141 ASCOTT RD JUNG BEACH, FL 33406</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, D Diament, Scott 3410 North Flagler Drive West Palm Beach, FL 33407</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VPS DENTRY, DEBORAH A 3640 FOREST HILL BLVD #203 WEST PALM BEACH, FL 33406</del> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Scott Diament, as President 2/1/08 561-833-7755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #