2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006
Secretary of State

DOCUMENT# V72591

Entity Name: PALM BEACH AGGREGATES, INC.

Current Principal Place of Business:

20125 STATE ROAD 80
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 700
LOXAHATCHEE, FL 33470 US

New Mailing Address:

FEI Number: 65-0366954 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FHS CORPORATE SERVICES INC
11780 U.S. HIGHWAY ONE
THREE GOLDEN BEAR PLAZA S-300
NORTH PALM BEACH, FL 33408 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:	DCEO	( ) Delete
Name:	KLEIN, SAM W	
Address:	5513 NORTH MILITARY TRAIL, #702	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	D	( ) Delete
Name:	TURNER, BEN R	
Address:	8940 GALL BLVD	
City-St-Zip:	ZEPHYRHILLS, FL 33541	
Title:	D	( ) Delete
Name:	PHILLIPS, W SR	
Address:	6621 WILBANKS RD	
City-St-Zip:	KNOXVILLE, FL 37912	
Title:	ST	( ) Delete
Name:	MCMULLEN, J. PATRICK	
Address:	6621 WILBANKS RD	
City-St-Zip:	KNOXVILLE, TN 37912	
Title:	DP	( ) Delete
Name:	TOMEU, ENRIQUE A	
Address:	1000 SOUTHERN BLVD STE 302	
City-St-Zip:	WEST PALM BEACH, FL 33402	
Title:	D	( ) Delete
Name:	KLEIN, MICHAEL S	
Address:	71 RIDGECREST ROAD	
City-St-Zip:	KENTFIELD, CA 94904	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: SAM M MILAZZO CONT 02/16/2006

Electronic Signature of Signing Officer or Director Date