## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# S13768

Entity Name: PALM FINANCIAL SERVICES, INC.

FILED Apr 24, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 200 CELEBRATION PLACE SUITE 437 CELEBRATION, FL 34747 US **Current Mailing Address: New Mailing Address:** 500 SOUTH BUENA VISTA STREET BURBANK, CA 915210586 US FEI Number: 59-3039580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JEFFREY H 1375 BUENA VISTA DRIVE 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BUETTNER, ANNE L Name: Name: 500 S BUENA VISTA ST Address: Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: () Delete () Change () Addition MCGOWAN, JOHN Name: Name: 1375 BUENA VISTA DRIVE Address: Address: LAKE BUENA VISTA, FL 32830 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: PD () Change () Addition LEWIS, JAMES M Name: Name: 200 CELEBRATION PLACE Address: Address: CELEBRATION, FL 34747 City-St-Zip: City-St-Zip: Title: ASD () Delete Title: () Change () Addition REED, MARSHA L Name: Name: Address: 500 S BUENA VISTA ST Address: City-St-Zip: BURBANK, CA 91521 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition SCHULTZ, TERRI A Name: WEISS, ALLEN R Name: 200 CELEBRATION PLACE Address: 1375 BUENA VISTA DRIVE Address: City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: LAKE BUENA VISTA, FL 32830 Title: (X) Delete Title: () Change () Addition Name: WEISS, ALLEN R Name: 1375 BUENA VISTA DRIVE Address: Address: City-St-Zip: City-St-Zip: LAKE BUENA VISTA, FL 32830

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: MARSHA L. REED AS 04/24/2006