2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 8:00 am Secretary of State

DOCUMENT # 746554 1. Entity Name PALM BEACH CHAMBER OF COMMERCE, INC.			C	5-01-2007 900	017 032 ****6	1.25	
Principal Place of Business 400 ROYAL PALM WAY SUITE 106 PALM BEACH, FL 33480		Mailing Address 400 ROYAL PALM WAY SUITE 106 PALM BEACH, FL 33480		\(\mathbb{G}\)	ANDI CHAFEINI AIRI ANDI	11111 11211 11511 11111 112	
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address				81811 82811 81811 81811 828	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 C	hg-NP C	R2E037 (12/06)	
City & State		City & State		4. FEI Number 59-038929	00	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	atus Desired . [\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		7. Name and Add	ress of New Regis	tered Agent	
BAKER, LAUREL T			Name				
400 ROYAL PALM WAY PALM BEACH, FL 33480			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
			City	·		FL. Zip Code	9
8. The above the obligat	e named entity submits this statement fittions of registered agent.	or the purpose of changing its re	egistered office or regist	tered agent, or both, in	the State of Florida.	I am familiar with,	and accept
SIGNATURE .	•						
GIGHTONIC.							
	Signature, typed or printed name of registered ager $J^{\ell_1}(\chi)$	it and title if applicable. (NOTE: R	Registered Agent signature requir	red when reinstating)		DATE	
		9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be Added to Fees	Make	check payable to Department of St	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Cor	paign Financing	\$5.00 May Be Added to Fees	Make Florida i	check payable to Department of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is,\$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	paign Financing ntribution.	\$5.00 May Be	Make Florida i	check payable to Department of St	ate
TITLE NAME STREET ADDRESS	Filing Fee is, \$61.25 Due by May 1, 2007 OFFICERS AND D P MAUS, JOHN G. 312 WORTH AVE	9. Election Camp Trust Fund Cor IRECTORS Delete	paign Financing ntribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida i	check payable to Department of St ND DIRECTORS IN	ate 10
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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 cath; 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: