I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. KIRKPATRICK

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000103615

Entity Name: A CREMATION SERVICE OF THE PALM BEACHES, INC.

Current Principal Place of Business:

4900 S.W 46TH COURT OCALA, FL 34474

Current Mailing Address:

4900 S.W 46TH COURT OCALA. FL 34474 US

FEI Number: 65-0718428

Name and Address of Current Registered Agent:

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title	D
Name	KIRKPATRICK, ROBERT C
Address	4900 S.W 46TH COURT
City-State-Zip:	OCALA FL 34474

Certificate of Status Desired: No

Date

Date

FILED Apr 10, 2013 Secretary of State CC7567960162

Electronic Signature of Signing Officer/Director Detail

04/10/2013

DIRECTOR