

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 140184

1. Entity Name
THE BREAKERS PALM BEACH, INC.



Principal Place of Business
**THE BREAKERS HOTEL, SOUTH COUNTY ROAD
 PALM BEACH, FL 33480 US**

Mailing Address
**THE BREAKERS HOTEL, SOUTH COUNTY ROAD
 PALM BEACH, FL 33480 US**



02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-0246320** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LEONE, PAUL N.
 C/O THE BREAKERS HOTEL
 ONE SOUTH COUNTY ROAD
 PALM BEACH, FL 33480**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD KENAN, JAMES G. III 212 BARROW RD LEXINGTON, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS CHANDRA, ATEH H 1688 BREAKERS WEST BLVD WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT GILMURRAY, ALEX P 17278 GULF PINE CIRCLE WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONE, PAUL N ONE S COUNTY RD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURKE, DAVID 2770 TECUMSEH DR WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/06-80024-006 150.00

**DO NOT WRITE
 IN THIS SPACE**

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: *[Signature]* **2/21/06** **361-655 6611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #