


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

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FILED
 08 MAR 10 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02262008 No Chg-P CR2E034 (11/05)

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

PRESSLY, KRISTEN P
 LEGAL
 40 COCOANUT ROW
 PALM BEACH, FL 33480

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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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 000120803660
 3/20/08--01009--003 **150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD 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	

5/3/11

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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 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 empowers.

SIGNATURE: Paul N. Leone *Paul N. Leone* 2-27-08 561-655-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #