2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 186035

Entity Name: NORTH PALM BEACH PROPERTIES, INC.

Current Principal Place of Business:

13907 CARROLWOOD VILLAGE RUN
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

13014 N. DALE MABRY HWY - STE. 356
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-0754497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWENCKE, KIM
1603 N. RIVER HILLS DR
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SCHWENCKE, KIM
Address: 1603 N. RIVER HILLS DR.
City-St-Zip: TEMPLE TERRACE, FL 33167

Title: VPD ( ) Delete
Name: SCHWENCKE, KAREN
Address: 8660 NASHUA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD ( ) Delete
Name: SAMS, CHRISTINE
Address: 1074 HIGH VISTA DRIVE
City-St-Zip: MILLS RIVER, FL 28459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KIM M. SCHWENCKE PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date