2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# 194769

Entity Name: PALM HILLS VILLAS, INC.

Current Principal Place of Business:

1212 HILLSBORO MILE (A1A)
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

1212 HILLSBORO MILE (A1A)
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 59-0793464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLICKMAN, LARRY Z
301 YAMATO RD
SUITE 4150
BOCA RATON, FL 33431 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:	DP	( ) Delete
Name:	WHITE, CONRAD	
Address:	1212 HILLSBORO MILE #23	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	GILLESPI, JOHN	
Address:	1212 HILLSBORO MILE #24	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	DS	( ) Delete
Name:	KAMP, SUE	
Address:	1212 HILLSBORO MILE #25	
City-St-Zip:	HILLSBORO BEACH, FL 33062	
Title:	DVP	( ) Delete
Name:	PETTINATO, ROBERTO	
Address:	1212 HILLSBORO MILE #9	
City-St-Zip:	HLLSBORO BEACH, FL 33062	
Title:	D	( ) Delete
Name:	REX, SHARI	
Address:	1212 HILLSBORO MILE #18	
City-St-Zip:	HILLSBORO BEACH, FL 33062	

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:	
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 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: CONRAD WHITE DP 02/23/2006

Electronic Signature of Signing Officer or Director — Date