2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 26, 2007 8:00 am **Secretary of State DOCUMENT # 248626** 1. Entity Name 02-26-2007 90074 038 ***150.00 ROYAL INC., OF PALM BEACH. Principal Place of Business Mailing Address 1200 S FLAGLER DR 1200 FLAGER DRIVE C/O BLANK #606 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8015. OLIVE AVE SOIS, OLIVE HUE 1st MOORE CR2E034 (10/06) 4. FEI Number Applied For 59-0933922 Not Applicable \$8.75 Additional 5. Certificate of Status Desired PB. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLANK, FLOYD P 1200 SOUTH FLAGLER DRIVE SUITE 606 WEST PALM BEACH FL 33401 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 SIGNATURE FLOY B P BUSICK Signature, typed or printed heme or registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THLE Change ☐ Addition "**I**⊒ Defele PP BLANK ELOYDP. BLANK, FLOYD P NAME NAME 1200 S FLAGLER DR 606 GUIS OLIVE HVE SUITEILOY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-S1-ZIP 10657 PALM BEACHFL. 33401 DILE Delete TITLE ☐ Addition PINCOURT JR, A K PINCOURT SP. AK, 1270 NOTAKE WAY NAME NAME 222 LAKÉVIEW STE 1500 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33401 CHY-SI-7# CHY+SI-7P ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete HHE THEF ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY - ST-ZIP Delete TITU: ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE HILE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED