

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 JUL 20 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 280440
1. Entity Name
PALM BEACH HOLDING CORP

Principal Place of Business
**6741 S. MILITARY TRAIL
LAKEWORTH FLA, 33463**

Mailing Address
**10400 GRIFFIN RD
SUITE 210
COOPER CITY, FL 33328 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07112007 Chg-P CR2E034 (12/06)

4. FEI Number
59-1101040 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WILLIAMSON, ROBERT
10400 GRIFFIN RD
SUITE 210
COOPER CITY, FL 33328**

7. Name and Address of New Registered Agent
Name
Barbara Williamson
Street Address (P.O. Box Number is Not Acceptable)
10400 Griffin Road, Suite 210
City **Cooper City** **FL** **33328**

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: *Barbara Williamson* **Barbara Williamson** **7/11/07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	D WILLIAMSON, ROBERT <input checked="" type="checkbox"/> Delete 10400 GRIFFIN RD STE1B21 COOPER CITY, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete MORSTADT, EDWARD G. 97 WEST PALMETTO ROAD LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Williamson 10400 Griffin Road, Suite 210 Cooper City, Florida 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000106700400 07/25/07--01042--022 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Barbara Williamson* **Barbara Williamson** **7/11/07 954-434-7925**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #