## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **Secretary of State DOCUMENT # 376878** 1. Entity Name 02-27-2006 90099 016 \*\*\*163.75 PALM BEACH REAL ESTATE, INC. Principal Place of Business Mailing Address 231 SUNRISE AVE. P.O. BOX 1086 PALM BCH. FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-1714705 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMALL, SUZETTA Street Address (P.O. Box Number is Not Acceptable) 150 BRADLEY PLACE PALM BEACH FL 33480 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing 55:00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME SMALL, SUZETTA STREET ADDRESS 150 BRADLEY PLACE -STHEET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP ☐ Delete Change Addition SMALL, PHYLLIS H NAME STREET ADDRESS 150 BRADLEY PLACE STREET ADDRESS CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP TITLE. . 🗆 Delate . TITLE Change Addition NAME PEARL, TARA E NAME STREET ADDRESS STREET ADDRESS 150 BRADLEY PLACE CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THUE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this fitting 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 speciever 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER-OR DIRECTOR

-26-06 561-

FILED

Feb 27, 2006 8:00 am