2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# 511688

Entity Name: CAPRI OF PALM BEACH, INC.

Current Principal Place of Business:

205 WORTH AVE
SUITE 315
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

205 WORTH AVE
SUITE 315
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1703436 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHARDS, RHONDA
205 WORTH AVE., SUITE 315
PALM BEACH, FL 33480 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: P ( ) Delete
Name: RICHARDS, RHONDA
Address: 6760 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

Title: VP ( ) Delete
Name: MENDELSON, HYMAN
Address: 1900 CONSULATE PL #2001
City-St-Zip: W PALM BEACH, FL

Title: VP ( ) Delete
Name: MENDELSON, FELICIA
Address: 1900 CONSULATE PL #2001
City-St-Zip: W PALM BEACH, FL

Title: S/TR ( ) Delete
Name: RICHARDS, RHONDA
Address: 6760 PALERMO WAY
City-St-Zip: LAKE WORTH, FL 33467

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:

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: RHONDA RICHARDS PRES 01/19/2007

Electronic Signature of Signing Officer or Director — Date