FILED
Apr 23, 2005 08:0(
Secretary of Sta

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 617103

1. Entity Name
PALM TREE, INC.

Principal Place of Business	Mailing Address
INTERNATIONAL BUILDING 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304	INTERNATIONAL BUILDING 2455 EAST SUNRISE BLVD., SUITE 320 FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1994241
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

INGLIS, RICHARD K. ESQ.
2455 EAST SUNRISE BLVD., SUITE 320
FT. LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when signing a filing)

FILE NOW!!! FEE IS $150.00
~~After May 1, 2005 Fee will be $400.00~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000326201
04/23/05-80046-013 150.00

10. OFFICER/DIRECTOR INFORMATION

TITLE	D
NAME	MAHLMAN, FRITZ
STREET ADDRESS	2455 E. SUNRISE BL, #320
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Fritz Mahlmann FRITZ MAHLMANN, Director 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #