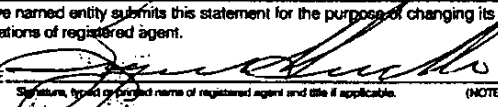


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

4 May 20, 2008 8:00 am
Secretary of State

04-18-2008 90033 031 ***150.00

DOCUMENT #655643					
1. Entity Name LA PALMA BUILDING, INC.					
Principal Place of Business PO BOX 7484 NORTH PORT, FL 34287 US			Mailing Address PO BOX 7484 NORTH PORT, FL 34287 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip 34290-0484	Country	Zip 34290-0484	Country	4. FEI Number 59-1970043	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, EUGENE H. 4345 BLUERIDGE ST NORTH PORT, FL 34287			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4373 Blueridge Street City FL 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:  DATE: 4-15-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)					
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST WILLIS, EUGENE H. 4345 BLUERIDGE ST N PORT, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 4373 Blueridge Street		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C WILLIS, EUGENE H. 4345 BLUERIDGE ST N PORT, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 4373 Blueridge Street		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 			4-15-08 (941) 257-8510		
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		