2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 19, 2009
Secretary of State

DOCUMENT# 749138

Entity Name: PALM BEACH CRIME WATCH, INC.

Current Principal Place of Business:

345 S. COUNTY ROAD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1941254 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KINSELLA, JANET
345 S COUNTY RD
PALM BCH, 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KINSELLA, JANET
Address: 345 S. COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: DC ( ) Delete
Name: BROGAN, JOHN J
Address: 400 N. FLAGLER DRIVE #1906
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: REITER, MICHAEL S
Address: 345 S COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: O ( ) Delete
Name: RECAREY, JENNIFER
Address: 345 S. COUNTY ROAD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BLOUIN, KIRK W
Address: 345 S COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER RECAREY O 08/19/2009

Electronic Signature of Signing Officer or Director — Date