


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90007 022 ****78.75

DOCUMENT # 759111 1. Entity Name JUNIOR ACHIEVEMENT OF THE PALM BEACHES, INCORPORATED	
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Principal Place of Business 5601 CORPORATE WAT STE - 400 WEST PALM BEACH FL 33407 US	Mailing Address 5601 CORPORATE WAT STE - 400 WEST PALM BEACH FL 33407 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number <p style="text-align: center;">59-2333738</p>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLANIGAN, JOHN F. 625 N. FLAGLER DR. 9TH FL WEST PALM BEACH FL 33402	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D FLANIGAN, JOHN F. 625 NORTH FLAGLER DR NINTH FL W PALM BEACH FL	<input checked="" type="checkbox"/> Delete	Director Chair, elect NAME: Luhrsen, David STREET ADDRESS: 2600 north military trail CITY-STATE-ZIP: West Palm Beach, FL 33409 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	P FOSTER, MARY KATHLEEN 5601 CORPORATE WAY, SUITE 400 WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Michael, Betty STREET ADDRESS: 450 South Australia, 9th floor. CITY-STATE-ZIP: West Palm Beach, FL 33402 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	C BENNETT, DUANE 225 SOUTHERN BLVD STE 201 WEST PALM BEACH FL 33405	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S TITUS, RAYMOND 2121 VISTA PKWY WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T SCHANEL, GLENN 14243 US HIGHWAY ONE JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete	TITLE: Treasurer NAME: Peter Bozetarnik STREET ADDRESS: 1555 Palm Beach Lakes Blvd, #1400 CITY-STATE-ZIP: West Palm Beach, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	C SPRINGEM, JAMES E 741 US HIGHWAY ONE NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 receiver or trustee empowered to execute this report as required by Chapter 617, 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: *Mary Kathleen Foster* 2-20-2007 (561) 242-9468