2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 8:00 am Secretary of State 03-24-2005 90025 008 ****61.25

1. Entity Nam	IVIEIN I # 704409 REVENTION OF WEST PAI	LM BEACH, INC.		400	31143	
600 BANYAN	e of Business N BLVD BEACH, FL 33401 US	Mailing Address P.O. BOX 851 WEST PALM BEACH, FL	33402 US		. 4	
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02102005 Chg-N	NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2293239	Ap	plied For
Zip	Country	Zip	Country	5Certificate of Status	Desirede: \$8.75 Add	
<u> </u>	S. Name and Address of Current	Projectored Agent		7 Name and Address	Fee Required	a
	6. Name and Address of Current I	negistered Agent	Name		of New Registered Agent	
KALIS-PARNES, KATHY			<u> a</u>	WILLIAM LITTLE		
7634 QUIE			Street Address (P.O. Box Number is Not Acceptable)			
WESTPAI	LM BEACH, FL 33411		-	<u> </u>		
			City	ST PALM BEACH	FL Zip Code	e σ7
	e named entity submits this statement for	r the purpose of changing its				
the obligat	tions of registered agent.		2		1	
	21 00 in 1 Follo	1		a a a. /	2/20/2005	
SIGNATURE .	STRUMENT SUM	WILLIAM F. L	ntle, se	CRETHKY	3/20/2005	
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered Agent signature	e required when reinstating)	DATE!	Į,
	Filing Fee is \$61.25 Due by May 1, 2005		paign Financing	\$5.00 May Be Added to Fees	Make check payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Carr Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Florida Department of St	tate
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	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIF	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	Florida Department of St O OFFICERS AND DIRECTORS IN	tate
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I nereby 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR