2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768549

FILED Apr 25, 2005 Secretary of State

Entity Name: DISCOVER PALM BEACH COUNTY, INC.

	Principal Place of Business:	New Principal Place of Business:
555 PAL SUITE 80	M BEACH LAKES BLVD.	
	u BEACH, FL 33401	
urrent N	Mailing Address:	New Mailing Address:
555 PAL	M BEACH LAKES BLVD.	
SUITE 80: V. PALM	0 BEACH, FL 33401	
El Numbei	r: 59-2321112 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
lame and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:
555 PAL	HLIN, W.E. M BCH. LAKES BLVD., STE. 800 BEACH, FL 33401 US	
	e named entity submits this statement for the te of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATU	IRE:	
	Electronic Signature of Registered A	gent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
DFFICER itle: lame: ddress: itty-St-Zip:	S AND DIRECTORS: SD () Delete BARR, JAMES 1700 N. FLORIDA MANGO RD WEST PALM BEACH, FL 33420	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	SD () Delete BARR, JAMES 1700 N. FLORIDA MANGO RD	Title: () Change () Addition Name: Address:
itle: ame: ddress:	SD () Delete BARR, JAMES 1700 N. FLORIDA MANGO RD WEST PALM BEACH, FL 33420 CD () Delete ARVIDSON, PHILIP 7305 GARDEN RD	Title: () Change () Addition Name: Address: City-St-Zip: Title: CD (X) Change () Addition Name: ARVIDSON, PHILIP Address: 17047 BEELINE HIGHWAY
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	SD () Delete BARR, JAMES 1700 N. FLORIDA MANGO RD WEST PALM BEACH, FL 33420 CD () Delete ARVIDSON, PHILIP 7305 GARDEN RD RIVIERA BEACH, FL 33404 TD () Delete ARTS, MIKE 1800 N. DIXIE HWY	Title: () Change () Addition Name: Address: City-St-Zip: Title: CD (X) Change () Addition Name: ARVIDSON, PHILIP Address: 17047 BEELINE HIGHWAY City-St-Zip: JUPITER, FL 33478 Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: W. E. MCLAUGHLIN P 04/25/2005