


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90021 034 \*\*\*150.00

**DOCUMENT # F0100006158**

1. Entity Name  
**PALM MILE NMM CORP.**



Principal Place of Business      Mailing Address

**CORPORATION TRUST CENTER  
 1209 ORANGE STREET  
 WILMINGTON, DE 19801**

**CORPORATION TRUST CENTER  
 1209 ORANGE STREET  
 WILMINGTON, DE 19801**

2. Principal Place of Business - No. P.O. Box #      3. Mailing Address

**295 Madison Avenue**      **295 Madison Avenue**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**2nd Fl**      **2nd Fl**


City & State      City & State

**New York, NY**      **New York, NY**

Zip      Country      Zip      Country

**10017**           **10017**           **10017**           **10017**

400000



04172007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**NOT APPLICABLE**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILEVSKY, PHILIP</b>	NAME	
STREET ADDRESS	<b>295 MADISON AVE., 2ND FLOOR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Michael N. Pagnotta*      **4/20/07**      Date

**Michael N. Pagnotta**      Senior Vice President      Daytime Phone #  
**Philips International Holding Corp.**  
 As Agent