# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F05000002457

Entity Name: PALMS VACATION HOMES, INC.

FILED Jun 06, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5538 PGA BLVD. #5028 4139 W. VINE ST ORLANDO, FL 32839

114

KISSIMMEE, FL 34741

**Current Mailing Address: New Mailing Address:** 

7862 W. IRLO BRONSON HWY 120 KENT PLACE KISSIMMEE, FL 34747 NEWARK, DE 19702 US US

FEI Number: 76-0786928 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

#### Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LEE, MELENA LEE, MELENA 5538 PGA BLVD. #5028 4139 W. VINE ST

ORLANDO, FL 32839 US 114 KISSIMMEE, FL 34741 US

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: 06/06/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

LEE, MELENA LEE, MELENA Name: Name: Address: 4139 W. VINE ST, STE 114 Address:

5038 PGA BLVD. #5028 City-St-Zip: ORLANDO, FL 32839 City-St-Zip: KISSIMMEE, FL 34741

( ) Delete Title: Title: (X) Change ( ) Addition

WASHINGTON, FRANKLIN WASHINGTON, FRANKLIN Name: Name: 5038 PGA BLVD. #5028 Address: 4139 W. VINE ST, STE 114 Address: ORLANDO, FL 32839 KISSIMMEE, FL 34741 City-St-Zip: 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: MELENA LEE 06/06/2007