## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001730

Entity Name: PALMS AND WOODBINE-FL, INC.

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
26TH FLOO		EET 941115853						
Current Mailing Address:				New Mailing Address:				
41ST FLOC	HIGAN AVE DR IL 6061119							
FEI Number:	20-8734059	FEI Number Applied	i For ( ) FEI Nu	ımber Not Appli	icable ( )	Certificate of Sta	itus Desired()	
Name and	Address of	Current Registered	Agent:	Name and	Address of	New Registered	Agent:	
1200 SOUT	ORATION S TH PINE ISL DN, FL 333:	AND ROAD						
The above in the State		y submits this stateme	ent for the purpose	of changing it	ts registered	office or registere	ed agent, or both,	
SIGNATUR	RE:							
	Electr	onic Signature of Reg	istered Agent			Date		
Election Cam	paign Financ	ing Trust Fund Contribut	ion ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MCAULIFFE,	MICHIGAN AVE. 41ST FL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	BLAISING, AI	MICHIGAN AVE. 41ST FL		Title: Name: Address: City-St-Zip:	(	)Change ()Additio	on	
Title: Name: Address: City-St-Zip:	BONEHAM, F	MICHIGAN AVE. 41ST FL		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	on	
Title: Name: Address: City-St-Zip:	MCCLINTOC	MICHIGAN AVE. 41ST FL		Title: Name: Address: City-St-Zip:	MCCLINTOC	/ICHIGAN AVE. 41ST		
Title: Name: Address: City-St-Zip:	CASELLINI, N 101 CALIFOR	( ) Delete MARLENA M RNIA STREET 26TH FLOG SCO, CA 941115853	DR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	no	
Title: Name: Address: City-St-Zip:	DAVEY, CRA 101 CALIFOR	( ) Delete IG S RNIA STREET 26TH FLOO SCO, CA 941115853	DR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	n	

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.

SIGNATURE: SUSAN E MCCLINTOCK VS 01/20/2009