

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90003 011 \*\*\*150.00

<b>DOCUMENT # F96000001171</b>					
<b>1. Entity Name</b> COMMONWEALTH PALM COAST CORPORATION					
<b>Principal Place of Business</b> 11777 SAN VICENTE BLVD. SUITE 900 LOS ANGELES, CA 90049 US			<b>Mailing Address</b> 11777 SAN VICENTE BLVD. SUITE 900 LOS ANGELES, CA 90049 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006    Chg-P    CR2E034 (11/05)	
City & State		City & State		<b>4. FEI Number</b> 95-4566556	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, PETER M 30 N 3RD ST-5TH FLR HARRISBURG, PA 17101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALMAN, DAVID J 30 N 3RD ST-5TH FLR HARRISBURG, PA 17101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONLEVY, FRANCIS J 30 N 3RD STREET, 5TH FLOOR HARRISBURG, PA 17101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEARY, THEODORE M JR 11777 SAN VICENTE BLVD #900 LOS ANGELES, CA 90049	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POLADIAN, DICK 11777 SAN VICENTE BLVD #900 LOS ANGELES, CA 90049	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, LEANNE 11777 SAN VICENTE BLVD #900 LOS ANGELES, CA 90049	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Leanne Larsen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>Secretary</i> 3/15/06    310-391-4345 <small>Date    Daytime Phone #</small>		

ATTACHMENT

40033932

#F96000001171

**COMMONWEALTH PALM COAST CORPORATION**  
**2006 For Profit Corporation**  
**Annual Report**

**11. Additional Officers/Directors**

VP

Peter R. O'Keeffe  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049

VP

Kerri A. O'Neill  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049

VP/AS

Salve A. Pennya  
11777 San Vicente Blvd., Suite 900  
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P

Bleecker P. Seaman III  
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VP/T

Steven P. Towle  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049