2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G33108

1. Entity Name FLORIDA PROPERTIES OF THE PALM BEACHES, INC.



FILED May 04, 2007 8:00 am Secretary of State

05-04-2007 90079 006 ***150.00

Principal Place 4500 PGA BL SUITE 206 PALM BEACH	VD.		Mailing Address 4500 PGA BLVD. SUITE 206 PALM BEACH GARDENS, FL 33418								
4500 PG	A Blvd.	ess - No P.O. Box #	3. Mailing Address 4500 PGA B1vd. Suite, Apt. #, etc.				-				
Suite, Apt. # Suite 2			Suite 207				04242007	Chg-P	CR2I	E034 (12/0	6)
City & State			City & State				4. FEI Numbe	er			Applied For
Palm Beach Gardens, FL 33418			Palm Beach Gardens, F			3418	<u>59-2295346</u>				Not Applicable
Zip Country			Zip	Country		5. Certificate	of Status Desir	ed 🔲		Additional	
33418 USA 6. Name and Address of Current F		3.341.8		JSA	7. Name and Address of New Registere			Fee Required			
the obligati	CK B BLVD I. GAR., F named entit ons of regis	L 33418	r the purpose o	f changing its regi Phi 11 i	City istered office	Phili Address (4500 Palm or registe	lip Brandt (P.O. Box Numb PGA Blvd., Beach Gard	er is Not Accep Suite 207 ens	otable)	Zip C 334 m familiar w	18
After Ma		FEE IS \$150.00 7 Fee will be \$550.0	OO Tru	ection Campaign F ust Fund Contribut	tion.		6.00 May Be ded to Fees	/CHANGES TO	OFFICERO	NO DIDECT	ODD IN 11
TITLE V Delete III NAME KAIRALLA, ROBERT S. STREET ADDRESS 4500 PGA BLVD., STE 206 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418					TITLE NAME		ADDITIONS	CHANGES TO	OFFICERS A	☐ Chan	
					STREET ADDRES CITY-ST-ZIP					#E3 01	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Delete DIVOSTA, GUY M 4500 PGA BLVD., STE 206 PALM BEACH GARDENS, FL 33418					SS				XX Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OWEN, JACK B 4500 PGA BLVD., STE 206 PALM BEACH GARDENS, FL 33418					ADDRESS ADDRESS T-ZIP V Phillip Brandt 4500 PGA Blvd., Suite Palm Beach Gardens, FI		, Suite 20		☐ Char	nge 🔀 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS				Char	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	SS				☐ Char	·
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	ss				☐ Chai	nge 🗍 Addition

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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Phillip Brandt

4/24/07

561/691-9050 Daytime Phone #

Date