

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H78526

Entity Name: PALM HARBOR SHOPS, INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

5446 N BAY RD
MIAMI BEACH, FL 33140

New Principal Place of Business:

5446 NORTH BAY ROAD
MIAMI BEACH, FL 33140

Current Mailing Address:

P.O. BOX 402097
MIAMI BEACH, FL 331402097

New Mailing Address:

PO BOX 402097
MIAMI BEACH, FL 33140

FEI Number: 59-2584302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOTTMAN, SAUL
5446 N. BAY RD.
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

GLOTTMANN, JACK
5446 NORTH BAY ROAD
MIAMI BEACH, FL 33140 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: JACK GLOTTMANN

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOTTMAN, SAUL,
Address: 5446 N BAY RD
City-St-Zip: MIAMI BCH., FL

Title: S () Delete
Name: GLOTTMAN, DALIA,
Address: 5446 N BAY RD
City-St-Zip: MIAMI BCH., FL

Title: VP () Delete
Name: GLOTTMAN, JACK
Address: 5446 N BAY RD
City-St-Zip: MIAMI BCH., FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: GLOTTMANN, JACK
Address: 5446 NORTH BAY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: DV (X) Change () Addition
Name: GLOTTMANN, DALIA
Address: 5446 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: GLOTTMANN, DEBORAH
Address: 5446 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Change (X) Addition
Name: GLOTTMANN, LINDA
Address: 5446 N BAY RD
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the 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: JACK GLOTTMANN

P

04/19/2006

Electronic Signature of Signing Officer or Director

Date