

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # H92395 1. Entity Name TREE TOWN, INC.	
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Principal Place of Business 505 SO FLAGLER DR SUITE 1010 W PALM BCH, FL 33401 US	Mailing Address PO BOX 85 W PALM BCH, FL 33402 US
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02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2636217	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JOHNSON, RICHARD S. 505 SO FLAGLER DR SUITE 1010 W PALM BCH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

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.

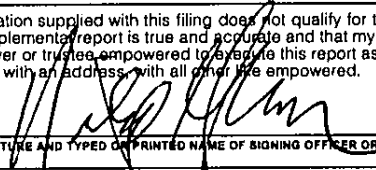
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, RICHARD S 751 ISLAND DRIVE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, RICHARD S., JR. 1706 N LAKESIDE DR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT A 241 MOCKINGBIRD TRAIL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNED, PATRICIA 165 ELWA PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAGG, CATHERINE J. 249 LA PUERTA WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, HELENE J. 100 PLYMOUTH ROAD WEST PALM BEACH, FL

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IN THIS SPACE**

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 life empowered.

SIGNATURE:  **4/3/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #