


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # J07416 1. Entity Name PALMS OF DELRAY, INC.		
Principal Place of Business 1001 E. ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483 US	Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H 1001 E. ATLANTIC AVE., STE 202 DELRAY BEACH, FL 33483		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when refiling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	WALSH, MARK	
STREET ADDRESS	1001 E. ATLANTIC AVE.	
CITY- ST- ZIP	DELRAY BEACH, FL 33483	
TITLE	S	
NAME	CRITCHFIELD, RICHARD H.	
STREET ADDRESS	1001 E. ATLANTIC AVE.	
CITY- ST- ZIP	DELRAY BEACH, FL 33483	
TITLE	V	
NAME	WALSH, MICHAEL	
STREET ADDRESS	1001 E. ATLANTIC AVE.	
CITY- ST- ZIP	DELRAY BEACH, FL 33483	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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.		
SIGNATURE: <i>Mark Walsh</i> <i>Mark Walsh, Pres.</i> <i>1/26/06</i> <i>(561) 279-9900</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2653358	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000529591
05/05/06-80081-021 150.00

**DO NOT WRITE
IN THIS SPACE**