## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Secretary of State DOCUMENT # J24018 02-03-2006 90008 015 \*\*\*150.00 1. Entity Name PALM ELECTRONICS INC. Principal Place of Business 618 BEAL PARKWAY N.W. 618 BEAL PARKWAY N.W FT. WALTON BEACH FL 32548 FT. WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 59-2698001 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEBERT, TERRY 369 CANTERBURY CIRCLE FORT WALTON BEACH FL 32548 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE Change Gebert, terry 1005 High Grove court NAME GEBERT, TERRY NAME STREET ADDRESS 369 CANTERBURY CIRCLE STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP Fort. Wilton Brack FL 32547 Change Addition TITLE ☐ Delete TITLE GEBERT, Terry 1005 High Grove Court NAME GEBERT, TERRY NAME STREET ADDRESS 369 CANTERBURY CIRCLE STREET ADDRESS Fort Walton Beach FL 32547 CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-7IP TITLE \_\_ Delete\_\_ TITLE Gebert, Tonja 1005 High Grove Court NAME NAME GEBERT, TONJA STREET ADDRESS STREET ADDRESS 369 CANTERBURY CIRCLE CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP Fort Walton Brach, FL. 32547 TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 03, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attackment with an address, with all other like empowered.

SIGNATURE: