2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State

DOCUMENT # K49676 1. Entity Name PRIMAVERA, INC. Principal Place of Business 800 SOUTH COUNTY RD Mailing Address PO BOX 3425			Secretary of Sta				
	LOUNTY RD H, FL 33480	PALM BEACH, FL 33480			•		
				02062007	No Chg-P	CR2E034 (11/05)	
, el	ONOTWATE	IN THIS SPA	Œ.	4. FEI Number		· · · · · · · · · · · · · · · · · · ·	lied For
			gazire e	65-00879	16		Applicable
				5. Certificate of S	tatus Desired	\$8.75 Addit	lonal
	8. Name and Address of Current Re	glatered Agent					
TIGGES, I 800 S COI				P DON	OFW	And and	
PALM BEA	ACH, FL 33480			TIN TH	IIS SPA	XOII	
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or both, in	the State of Florid	da. I am familiar with, a	nd accept
-	tions of registered agent.			r			
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Register	d Agent algneture required	when reinstating)	22.64.	DĄTE	
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After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	S. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	05/09/07	7-80038-018	150.00
After M	ay 1, 2007 Fee will be \$550.00 OFFICERS AND DIF	Trust Fund Contribution.			05/09/01	7-80038-018	150.0
After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution.			05/09/0	7-80038-018	150.0
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIF P TIGGES, PETER 800 S COUNTY RD	Trust Fund Contribution.			05/09/07	7-80038-018	150.0
10. IIILE NAME	OFFICERS AND DIF	Trust Fund Contribution.			05/09/07	7-80038-018	150.0
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIF P TIGGES, PETER 800 S COUNTY RD PALM BCH., FL ST TIGGES, JANET	Trust Fund Contribution.			05/09/01	7-80038-018	150.0
10. IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIF P TIGGES, PETER 800 S COUNTY RD PALM BCH., FL	Trust Fund Contribution.			05/09/01	7-80038-018	150.0
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12. I hereby certify that the information supplied with this filling 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 attaignment with an address, with all other likerampowered.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

SIGNATURE: