


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90026 013 \*\*\*150.00

<b>DOCUMENT # K94289</b> 1. Entity Name VICTORY PALM DEVELOPMENT CORP.	
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Principal Place of Business 9456 NW 54 DORAL C LANE MIAMI, FL 33178 US	Mailing Address 9456 NW 54 DORAL C LANE MIAMI, FL 33178 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 90 Kurt Klaus
Suite, Apt. #, etc.	Suite, Apt. #, etc. 5120 10720 Caribbean Blvd.
City & State	City & State Miami, Florida
Zip	Zip 33189
Country	Country Miami, Fla



03092007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0124258		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KLAUS, KURT R 10720 CARRIBBEAN BLVD STE 120 MIAMI, FL 33189		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODONNELL, BARBARA 3191 CORAL WAY SUITE 402A MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Barbara O'Donnell 3/14/2007, 7862490015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #