2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N00000002182

Entity Name: PALM BEACH DRAUGHTSMEN, INC.

Current Principal Place of Business:

14144 ASTER AVE.
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

14144 ASTER AVE.
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0440615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PETERS, JOE
14144 ASTER AVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PETERS, JOE
Address: 14144 ASTER AVENUE
City-St-Zip: WELLINGTON, FL 33414 US

Title: DV ( ) Delete
Name: MARSHAL, NICK DV
Address: 3922 WINFIELD ROAD
City-St-Zip: BOYTON BEACH, FL 33436 US

Title: TSD ( ) Delete
Name: PETERS, JOE
Address: 14144 ASTER AVE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VD ( ) Delete
Name: FOSSETT, PATRICK
Address: 4996 SABLE PINE CIR. APT. C-2
City-St-Zip: WEST PALM BEACH, FL 33417 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E. PETERS PD 03/20/2009

Electronic Signature of Signing Officer or Director — Date