2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00114

FILED Jan 07, 2009 Secretary of State

Entity Name: THE INTERNATIONAL SOCIETY OF PALM BEACH, INC.

Current Principal Place of Business: New Principal Place of Business:

44 COCOANUT ROW 44 COCOANUT ROW

A-216 M207C

PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US

Current Mailing Address: New Mailing Address:

44 COCOANUT ROW 44 COCOANUT ROW

A-216 M207C

PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US

FEI Number: 59-2411929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WYMAN MIRO, HERME DE

44 COCOANUT ROW A-216

PALM BCH., FL 33480 US

WYMAN MIRO, HERME DE

44 COCOANUT ROW

A216

A216

PALM BCH., FL 33480 US

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: 01/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PCD () Delete
 Title:
 PCD (X) Change () Addition

 Name:
 WYMAN MIRO, HERME DE
 Name:
 WYMAN MIRO, HERME DE

 Address:
 44 COCOANUT ROW
 Address:
 44 COCOANUT ROW A216

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:
 PALM BEACH, FL 33480

Title: VD () Delete Title: () Change () Addition

 Name:
 MORRISSEY, KAY,
 Name:

 Address:
 101 WORTH AVE
 Address:

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 HEWETT, DAVID
 Name:

 Address:
 255 SOUTH COUNTY RD,
 Address:

 City-St-Zip:
 PALM BEACH, FL 33480
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 JONES, DOROTHY, C.,
 Name:

 Address:
 3626 WHITEHALL DR., #404
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33401
 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: HERME DE WYMAN MIRO PCD 01/07/2009