


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90020 033 ****61.25

DOCUMENT # N00925	
1. Entity Name QUEENS LANE CULTURAL SOCIETY, INC.	

Principal Place of Business %WILLIAM W ATTERBURY 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 US	Mailing Address %WILLIAM W ATTERBURY 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480 US
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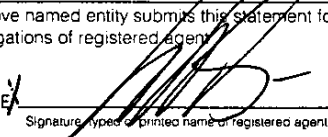
2. Principal Place of Business - No P.O. Box # 340 Royal Poinciana Way	3. Mailing Address 340 Royal Poinciana Way
Suite, Apt. #, etc. Suite 321	Suite, Apt. #, etc. Suite 321
City & State Palm Beach, Florida	City & State Palm Beach, Florida
Zip 33480	Country US



01162007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2447708		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ATTERBURY, WILLIAM W III 321 ROYAL POINCIANA PLAZA PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name William W. Atterbury III Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way Suite 321 City Palm Beach FL Zip Code 33480

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:  DATE: **1/16/07**

(NOTE: Registered Agent: signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ATTERBURY, WILLIAM W III 300 QUEENS LANE PALM BCH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CAMERON-HAYES, JONATHAN 223 QUEENS LN PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WHITFIELD, GRAHAM 235 QUEENS LANE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:  DATE: **1/16/07** **561-659-1770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **William W. Atterbury III** Daytime Phone #