2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007255

Entity Name: PALM BEACH FILM SOCIETY, INC

FILED Apr 06, 2006 Secretary of State

		COTT IEM COCIETT, IIVO.			
Current Principal Place of Business:			New Princ	cipal Place of Business:	
	HARBOR CT				
6 WELLING	TON, FL 33414	US			
Current Mailing Address:			New Maili	New Mailing Address:	
12260 SAG HARBOR CT.				4512 NORTH FLAGLER DRIVE	
6 WELLINGTON, FL 33414 US			201A WEST PALM BEACH, FL 33407 US		
•		FEI Number Not App			
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
	T, HEATH W P G HARBOR CT				
	TON, FL 33414	US			
	named entity s e of Florida.	ubmits this statement for the	purpose of changing i	its registered office or registered agent, or bot	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITION	NS/CHANGES TO OFFICERS AND DIRECT	
Title: Name: Address: City-St-Zip:	P () MCKNIGHT, HE 12260 SAG HAR WELLINGTON, I	BOR CT. #6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ss: 5920 PINEY CT.		Title: Name: Address: City-St-Zip:	D (X) Change () Addition JINKS, DEVIN D 5920 PINEY CT. LAKE WORTH, FL 33463 US	
Title: Name: Address: City-St-Zip:	D () SMITH, DONNA 12260 SAG HAR WELLINGTON, I	BOR CT. #6	Title: Name: Address: City-St-Zip:	S (X) Change () Addition SMITH, DONNA S 4512 NORTH FLAGLER DRIVE, STE. 201A WEST PALM BEACH, FL 33407 US	
Title: Name: Address: City-St-Zip:	ss: 1001 MOURNING DOVE LANE		Title: Name: Address: City-St-Zip:	T (X) Change () Addition GULDEN, HILLARY H T 4512 NORTH FLAGLER DRIVE, STE. 201A WEST PALM BEACH, FL 33407	
Title: Name: Address: City-St-Zip:	DASHIELL, ELIZ 410 FOURTH C		Title: Name: Address: Citv-St-Zip:	VP (X) Change () Addition DASHIELL, ELIZABETH VP 410 FOURTH CT. PALM BEACH GARDENS. FL 33410	

I hereby certify that the information supplied with this filing does not qualify for the 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: HEATH MCKNIGHT P 04/06/2006