

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001084

FILED
Apr 29, 2009
Secretary of State

Entity Name: TRIPOLI WEST PALM INC.

Current Principal Place of Business:

4031 COCONUT BLVD
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

4031 COCONUT BLVD
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

RICK, BOYETTE
4031 COCONUT BLVD
ROYAL PALM BEACH, FL 33411 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: P () Delete
Name: RICK, BOYETTE
Address: 4031 COCONUT BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP () Delete
Name: ALLEN, BYCHECK
Address: 105 MORGATE CIR
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: VP () Delete
Name: CHARLES, LOVEDAY
Address: 638 W 97TH AVE
City-St-Zip: NAPLES, FL 34108

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:

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: RICHARD BOYETTE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date