

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 16, 2009  
Secretary of State**

DOCUMENT# N04000001768

Entity Name: ROYAL PALM ARMS, INC.

**Current Principal Place of Business:**

2737 NE 28TH COURT  
LIGHTHOUSE POINT, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

2737 NE 28TH COURT  
LIGHTHOUSE POINT, FL 33064

**New Mailing Address:**

FEI Number: 20-1805460      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ZAWADZKI, PHILIP  
2737 NE 28TH COURT  
LIGHTHOUSE POINT, FL 33064      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: DP      ( ) Delete  
Name: ZAWADZKI, PHILIP  
Address: 2737 NE 28TH COURT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DV      ( ) Delete  
Name: GAINES, ANDREW  
Address: 2737 NE 28TH COURT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: DST      ( ) Delete  
Name: PAPP, JOHN  
Address: 2737 NE 28TH COURT  
City-St-Zip: LIGHTHOUSE POINT, FL 33064

**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: PHILIP ZAWADZKI

DP

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date