2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002500

FILED May 30, 2006 Secretary of State

Entity Nan	ne: PALM BEACH THEATER GUILD, INC.		
Current Principal Place of Business:		New Principal Place of Business:	
	LIAN AVE #260 CH, FL 33450		
Current Ma	ailing Address:	New Mailing Address:	
PO BOX 23 PALM BEA	354 CH, FL 33480	PO BOX 667 PALM BEACH, FL 33480	
FEI Number: In accordance	20-2559546 FEI Number Applied For () se with s. 607.193(2)(b), F.S., the corporation did r	FEI Number Not Applicable () Certificate of Status Desired () ot receive the prior notice.	
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:	
	ROBERT W LIAN AVE #260 CH, FL 33450 US		
The above in the State		purpose of changing its registered office or registered agent, or bo	oth,
SIGNATUR	RE:		
	Electronic Signature of Registered Ac	ent Date	_
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECT	rors:
Title: Name: Address: City-St-Zip:	D () Delete FLYNN, PATRICK H PO BOX 2354 PALM BEACH, FL 33480	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	PCEO () Delete FLYNN, FLORENCE E 2600 N FLAGLER DR #804 WEST PALM BEACH, FL 33407	Title: D (X) Change () Addition Name: FLYNN, FLORENCE E Address: 2600 N FLAGLER DR #804 City-St-Zip: WEST PALM BEACH, FL 33407	
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: GUEST, HELEN S Address: 152 WELLS ROAD City-St-Zip: PALM BEACH, FL 33480	
Title: Name: Address: City-St-Zip:	() Delete	Title: D () Change (X) Addition Name: SCHUMACHER, AMANDA Address: 1077 PORTAGE City-St-Zip: NORTH PALM BEACH, FL 33408	

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: PATRICK H FLYNN 05/30/2006 D