2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 13, 2006 8:00 am Secretary of State 03-13-2006 90080 045 ****61.25

DOCUMENT # N05000012474 1. Entity Name NBCTS OF PALM BEACH, INC.						4006		96 90080 O	45 ****61	.25
Principal Place of Business Mailing Address 15591 75TH LN N 15591 75TH LN N LOXAHATCHEE, FL 33470 LOXAHATCHEE, FL 33470						400-				
2. Principal Place of Business		3. Mailing Address			•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03062006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State				4. FEI Number	1608	95%	<u> </u>	plied For t Applicable
Žip	Country	Zip	Cou	intry		5. Certificate	of Status Desire		\$8.75 Add Fee Required	itional
	6. Name and Address of Current Re	gistered Agent	l	j	i	7. Name and	Address of Ne	w Registered	<u>'</u>	<u> </u>
A1A REGISTERED AGENT INC.				Name Michelle Engs						
92 SANDBERRY RD				Street Address (P.O. Box Number is Not Acceptable)						
QUINCY, FL 32351				155	<u> </u>	75th	_lan	e_N_		
				City 1		1		C 1	Zip Code	
The above named entity submits this statement for the purpose of changing its regis						hatche		FL	- 00	
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registere	d Agent signature	e required	when reinstating)		3-7 DATE	7-06	
-	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Car Trust Fund (\$5.00 May Be Added to Fees	9	Make chec Florida Depa	k payable to rtment of St	
10.	OFFICERS AND DIREC	Trust Fund C		ion. C			f	Florida Depar	rtment of St	ate
TITLE	OFFICERS AND DIRECT	Trust Fund (11.	ion.		Added to Fees	f	Florida Depar	rtment of St	ate
	OFFICERS AND DIREC	Trust Fund C	11. TITU	ion.		Added to Fees	f	Florida Depar	rtment of St	ate
TITLE NAME	OFFICERS AND DIRECT DP ENOS, MICHELLE	Trust Fund C	11. IIILI NAM	E IE		Added to Fees	f	Florida Depar	rtment of St	ate
THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2006 OFFICERS AND DIRECT DP ENOS, MICHELLE 15591 75TH LN N LOXAHATCHEE, FL 33470 D	Trust Fund C	11. TITU NAM STRE	E E E E ADORESS ST - ZIP		Added to Fees	f	Florida Depar	rtment of St	ate
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I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Profined statutes. Tourner certify that the information indicated on this report or suppliemental 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: