

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 28, 2007  
Secretary of State**

DOCUMENT# N06000006247

Entity Name: PALATINE ACRES, INC.

**Current Principal Place of Business:**

12990 SE 71ST ST  
MORRISTON, FL 32668

**New Principal Place of Business:**

**Current Mailing Address:**

12990 SE 71ST ST  
MORRISTON, FL 32668

**New Mailing Address:**

FEI Number: 57-1238308      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CACCAVONE, VICTORIA  
12990 SE 71ST ST  
MORRISTON, FL 32668      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: PT      ( ) Delete  
Name: CACCAVONE, VICTORIA  
Address: 12990 SE 71ST ST  
City-St-Zip: MORRISTON, FL 32668

Title: V      ( ) Delete  
Name: CACCAVONE, JOSEPH J SR  
Address: 12990 SE 71ST ST  
City-St-Zip: MORRISTON, FL 32668

Title: V      ( ) Delete  
Name: CACCAVONE, JOSEPH J JR  
Address: 12990 SE 71ST ST  
City-St-Zip: MORRISTON, FL 32668

**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 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: VICTORIA CACCAVONE

PT

01/28/2007

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

\_\_\_\_\_  
Date