


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90275 036 \*\*\*\*61.25

<b>DOCUMENT # N06000010077</b>	
1. Entity Name <b>ROYAL PALM PERFORMING ARTS THEATRE, INC.</b>	

Principal Place of Business <b>225 SARATOGA BLVD., EAST ROYAL PALM BEACH, FL 33411</b>	Mailing Address <b>225 SARATOGA BLVD., EAST ROYAL PALM BEACH, FL 33411</b>
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2. Principal Place of Business - No P.O. Box # <b>700 Park Avenue</b> Suite, Apt. #, etc.	3. Mailing Address <b>700 Park Avenue</b> Suite, Apt. #, etc.
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City & State <b>Lake Park FL</b>	City & State <b>Lake Park, FL</b>
Zip <b>33403</b>	Zip <b>33403</b>
Country <b>U.S.</b>	Country <b>U.S.</b>



03302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent <b>PAGLIARO, PETER 225 SARATOGA BLVD., EAST ROYAL PALM BEACH, FL 33411</b>	
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4. FEI Number <b>65-0384634</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TP PAGLIARO, DEBORAH 225 SARATOGA BLVD., EAST ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FREESE, JACK 219 SEVILLE RD. WEST PALM BEACH, FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COPPOLETTA, CANDICE 12221 59TH ST.N. ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - PAGLIARO, PETER 225 SARATOGA BLVD., EAST ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Peter Pagliaro - Peter Pagliaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-23-07* *561-301-5404*  
Date Daytime Phone #