## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000007788

tity Name: PALM BEACH SAILING 4 KIDS INC

FILED Mar 31, 2009 Secretary of State

Entity Nar	ne: PALM BE	EACH SAILING 4 KIDS, INC.				
Current Principal Place of Business:			New Pri	New Principal Place of Business:		
4512 N. FLAGLER DR. SUITE 306 WEST PALM BEACH, FL 33407			SUITE 3	4512 N. FLAGLER DR. SUITE 306 WEST PALM BEACH, FL 33407		
Current Mailing Address:				New Mailing Address:		
4512 N. FLAGLER DR. SUITE 306 WEST PALM BEACH, FL 33407				4512 N. FLAGLER DR. SUITE 306 WEST PALM BEACH, FL 33407		
FEI Number:	11-3824585	FEI Number Applied For ( )	FEI Number Not A	pplicable ( )	Certificate of Status Desired ( )	
Name and	Address of 0	Current Registered Agent:	Name a	nd Address o	f New Registered Agent:	
FIELDS, JOSEPH ESQ 4512 N. FLAGLER DR. SUITE 306 WEST PALM BEACH, FL 33407 US				FIELDS, JOSEPH ESQ 4512 N. FLAGLER DR. SUITE 306 WEST PALM BEACH, FL 33407 US		
The above in the State	named entity of Florida.	submits this statement for the p	ourpose of changin	g its registere	d office or registered agent, or both,	
SIGNATURE: JOSEPH R FIELDS					03/31/2009	
	Electron	nic Signature of Registered Age	ent		Date	
OFFICERS	AND DIREC	TORS:	ADDITIO	ONS/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	KERN, ELLIS 4512 N. FLAGI	) Delete .ER DR. SUITE 306 EACH, FL 33407	Title: Name: Address: City-St-Zip	v:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ELLIOTT, LIZ 4512 N. FLAGI	) Delete .ER DR. SUITE 306 EACH, FL 33407	Title: Name: Address: City-St-Zip	y:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	GREIF, SHELL 4512 N. FLAGI	) Delete Y LER DR. SUITE 306 EACH, FL 33407	Title: Name: Address: City-St-Zip	v:	() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip		() Change (X) Addition SEPH R JR IGLER DR. SUITE 306 II BEACH, FL 33407	

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: JOSEPH R FIELDS ATTY 03/31/2009