

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 18, 2008
Secretary of State

DOCUMENT# N07000009988

Entity Name: SOUTHERN PALM MERCHANTS ASSOCIATION INC.**Current Principal Place of Business:**11051 SOUTHERN BLVD., SUITE 120
ROYAL PALM BCH, FL 33411**New Principal Place of Business:****Current Mailing Address:**11051 SOUTHERN BLVD., SUITE 120
ROYAL PALM BCH, FL 33411**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HUNTOON, DWIGHT
5171 CORTEZ CT.
DELRAY BCH, FL 33484 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: PD () Delete
Name: VAN DELL, ALEXANDER
Address: 13693 YARMOUTH CT.,#D
City-St-Zip: WELLINGTON, FL 33414Title: D () Delete
Name: HUNTOON, DWIGHT
Address: 5171 CORTEZ CT.
City-St-Zip: DELRAY BCH, FL 33484Title: D () Delete
Name: DELL, JACK V
Address: 13873 WELLINGTON TRACE, #B1
City-St-Zip: WELLINGTON, FL 33414Title: D () Delete
Name: BRITO, JOYCE
Address: 1620 N.E. 40TH PLACE
City-St-Zip: FT. LAUDERDALE, FL 33334**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:Title: D (X) Change () Addition
Name: VIENS, LEXI
Address: 136 MERRYMAK WAY
City-St-Zip: JUPITER, FL 33458

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: ALEXANDER VAN DELL

P

03/18/2008

Electronic Signature of Signing Officer or Director

Date