



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90309 001 ****61.25

DOCUMENT # N07592 1. Entity Name PALM BEACH ECONOMIC CRIME UNIT, INC.					
Principal Place of Business % MICHAEL A LAMPERT 2161 PALM BEACH LAKES BLVD., SUITE 304 WEST PALM BEACH, FL 33409-3612			Mailing Address PALM BEACH ECONOMIC CRIME UNIT P.O. BOX 16382 WEST PALM BEACH, FL 33416 US		
2. Principal Place of Business		3. Mailing Address		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">50043850</div>  <div style="margin-top: 10px;"> 04182005 Chg-NP CR2E037 (10/03) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2542989				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMPERT, MICHAEL, A, ESQ 2161 PALM BEACH LAKES BLVD SUITE 304 WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PURDIE, BETH <input checked="" type="checkbox"/> Delete 1489 W. PALMETTO PK. RD., SUITE 300 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition McCawley, T.J. DET. 600 BANYAN BLVD W. Palm Beach, FL 33401	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYHEW, BRYAN <input type="checkbox"/> Delete 2400 E. ATLANTIC BLVD. POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD ENGSTROM, JOYCE <input type="checkbox"/> Delete 319 LAKE AVENUE LAKE WORTH, FL 33460		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DE ROCHER, DONNA <input type="checkbox"/> Delete 2226 S CONGRESS AVE WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAD CHATMAN, JAMES DET <input type="checkbox"/> Delete 600 BANYAN BLVD WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RST LANPHER, LUCILLE <input type="checkbox"/> Delete 2458 METROCENTER BLVD. WEST PALM BEACH, FL 33407		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 exemption stated in Section 119.07(3)(i), 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: JOYCE L. ENGSTROM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/20/05 561-582-2541 <small>Date Daytime Phone #</small>		