

**2008 CORPORATION ANNUAL REPORT**

DOCUMENT# N08000001606

**FILED**  
**Feb 15, 2008**  
**Secretary of State****Entity Name:** WEST PALM 100, INC.**Current Principal Place of Business:**515 NORTH FLAGLER DRIVE  
SIXTH FLOOR  
WEST PALM BEACH, FL 33401**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 4412  
WEST PALM BEACH, FL 33402**New Mailing Address:****FEI Number:** 30-0256957**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SOSA, JOSE D ESQ.  
515 NORTH FLAGLER DRIVE, SIXTH FLOOR  
WEST PALM BEACH, FL 33401 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**Election Campaign Financing Trust Fund Contribution ( ).****OFFICERS AND DIRECTORS:****Title:** P, D ( ) Delete  
**Name:** FOX, SHANNON  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402**Title:** V, D ( ) Delete  
**Name:** PLAKAS, TONY  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402**Title:** S, D ( ) Delete  
**Name:** CURTIN, KENNETH  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402**Title:** D ( ) Delete  
**Name:** SOSA, JOSE D  
**Address:** 515 NORTH FLAGLER DRIVE, SIXTH FLOOR  
**City-St-Zip:** WEST PALM BEACH, FL 33401**Title:** D ( ) Delete  
**Name:** BONLARRON, TODD  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402**Title:** D ( ) Delete  
**Name:** BUHLER, DIANE  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** V, D (X) Change ( ) Addition  
**Name:** BUHLER, DIANE  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402**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:** RANDOLPH, KIMBERLY  
**Address:** P. O. BOX 4412  
**City-St-Zip:** WEST PALM BEACH, FL 33402

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SHANNON FOX

P, D

02/15/2008

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