2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# N12892

Entity Name: PALM BEACH HOUNDS, INC.

Current Principal Place of Business:

8415 BRIDLE PATH
BOCA RATON, FL 33496 US

New Principal Place of Business:

Current Mailing Address:

8415 BRIDLE PATH
BOCA RATON, FL 33496 US

New Mailing Address:

FEI Number: 59-2620559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAPIR, M. RICHARD
712 US HWY ONE
STE 400
NORTH PALM BEACH, FL 33408 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:	D	( ) Delete
Name:	HETELSON, ALLAN S	
Address:	700 SW PEBBLE LN	
City-St-Zip:	PALM CITY, FL 34990 US	
Title:	D	( ) Delete
Name:	HAINES, MELINDA	
Address:	1848 JUNO ISLES BLVD.	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	D	( ) Delete
Name:	CIRKUS, ARTHUR	
Address:	14434 STROLLER WAY	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	P	( ) Delete
Name:	PELIO, ROBERT	
Address:	8415 BRIDLE PATH	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	D	( ) Delete
Name:	DANCE, SYBIL	
Address:	5820 SW GROVE STREET	
City-St-Zip:	PALM CITY, FL 34990	
Title:	S	( ) Delete
Name:	HOFMANN, GENEVIEVE	
Address:	8415 BRIDLE PATH	
City-St-Zip:	BOCA RATON, FL 33496	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: GENEVIEVE HOFMANN S 03/14/2008

Electronic Signature of Signing Officer or Director — Date