2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18230

FILED Apr 09, 2007 Secretary of State

Entity Name: ROYAL PALM MINISTRIES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
	RUM LONIAL BLVD. BUILDING RS, FL 33901	D-2		
Current Mailing Address:		New Mailing Address:		
BUILDING	RUM 1705 COLONIAL BLV 3 D-2 RS, FL 33901	D.		
FEI Numbe	r: 59-2764864 FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name an	d Address of Current Re	gistered Agent:	Name and Address	of New Registered Agent:
17220 CA N. FT. MY The above	D, MARIANNE STLEVIEW DRIVE 'ERS, FL 33917 US e named entity submits thi	s statement for the p	urpose of changing its register	ed office or registered agent, or both,
n the Stat	te of Florida.			
SIGNATU				
	Electronic Signatu	re of Registered Age		
	Electronic dignata	re or registered Age	nt	Date
OFFICER	RS AND DIRECTORS:	re or Negistered Age		Date SES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip:	ST () Delete SHEARN, JOSEPH P, 1818 S.E. 20TH STREET	e of Neglatered Age		
Title: Name: Address: City-St-Zip: Title: Name: Address:	ST () Delete SHEARN, JOSEPH P, 1818 S.E. 20TH STREET	Σ · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG Title: Name: Address:	SES TO OFFICERS AND DIRECTOR
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address: Address:	ST () Delete SHEARN, JOSEPH P, 1818 S.E. 20TH STREET CAPE CORAL, FL 33990 DPD () Delete DEDEUGD, MARRIANE, 17220 CASTLEVIEW DRIVE N. FORT MYERS, FL 33917 D () Delete LEN ALVEREZ, 21 SNOW DRIVE	Σ · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition
Title: Name: Address:	ST () Delete SHEARN, JOSEPH P, 1818 S.E. 20TH STREET CAPE CORAL, FL 33990 DPD () Delete DEDEUGD, MARRIANE, 17220 CASTLEVIEW DRIVE N. FORT MYERS, FL 33917 D () Delete LEN ALVEREZ, 21 SNOW DRIVE	Σ · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANC Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIANNE DEDEUGD DIR 04/09/2007