2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N25033

Entity Name: KEEP PALM BEACH COUNTY BEAUTIFUL, INC.

Current Principal Place of Business:

1920 PALM BEACH LAKES BLVD.
SUITE 210
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1920 PALM BEACH LAKES BLVD.
SUITE 210
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 65-0117981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WAGNER, ALAN M C
1920 PALM BEACH LAKES BLVD #211
WEST PALM BEACH, FL 33409 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: T ( ) Delete
Name: LEISINGER, JO ELLEN
Address: 200 DESOTA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405M

Title: P ( ) Delete
Name: WEBB, LIBBEY
Address: 420 COLUMBIA DR, STE 110
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VD ( ) Delete
Name: WINCHESTER, JACKIE
Address: 1901 CARIBBEAN ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

Title: VD ( ) Delete
Name: SCHWAB, TOWNSLEY
Address: 5023 WHIPERING HOLLOW
City-St-Zip: WEST PALM BEACH, FL 33418

Title: VDS ( ) Delete
Name: COHEN, STEVE
Address: 10272 HERONWOOD LANE
City-St-Zip: WEST PALM BEACH, FL 33412

Title: DED ( ) Delete
Name: FERRIS, LOURDES
Address: 1920 PALM BEACH LAKES BLVD., 210
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LEISINGER, JO ELLEN
Address: 200 DESOTA ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: TD (X) Change ( ) Addition
Name: WILSHER, WILLIAM F
Address: 921 SW 33RD PLACE
City-St-Zip: BOYNTON BEACH, FL 33435

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 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: LOURDES FERRIS DED 01/04/2007

Electronic Signature of Signing Officer or Director — Date