
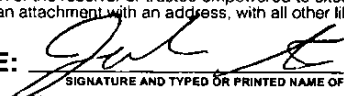


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90087 042 \*\*\*\*61.25

DOCUMENT # N33144			
1. Entity Name WEST PALM BEACH ADVERTISING POOL, INC.			
Principal Place of Business 1320 10TH STREET LAKE PARK, FL 33403 US		Mailing Address 1320 10TH STREET LAKE PARK, FL 33403 US	
2. Principal Place of Business - No P.O. Box # 2973 SE FEDERAL HWY		3. Mailing Address 2973 SE FEDERAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State STUART FL		City & State STUART FL	
Zip 34994	Country MARTIN	Zip 34994	Country MARTIN
6. Name and Address of Current Registered Agent DOYLE, ROBERT 1320 19TH STREET LAKE PARK, FL 33403		7. Name and Address of New Registered Agent Name JOHN SANTAGATA Street Address (P.O. Box Number is Not Acceptable) 2973 S FEDERAL HWY City STUART FL Zip Code 34994	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 D NAME SANTAGATA, JOHN STREET ADDRESS 2973 S FEDERAL HIGHWAY CITY-ST-ZIP STUART, FL 34994	<input type="checkbox"/> Delete	TITLE PTD NAME NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PTD NAME TUMMINO, CHRISTOPHER STREET ADDRESS 1033 W CONGRESS AVE CITY-ST-ZIP WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME SAMPSON, KEVIN STREET ADDRESS 1801 W ATLANTIC AVE #C2 CITY-ST-ZIP DELRAY BEACH, FL 33444	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained 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 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: 		Date: 4/5/07 Daytime Phone #: 772 2834113	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			