

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90063 048 \*\*\*\*70.00

<b>DOCUMENT # N45806</b> 1. Entity Name <b>PALM BEACH POPS, INC.</b>					
Principal Place of Business <b>500 AUSTRALIAN AVE. SOUTH SUITE 100 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>500 AUSTRALIAN AVE. SOUTH SUITE 100 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0294494</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FITZGERALD, JAMES 500 AUSTRALIAN AVENUE SOUTH SUITE 100 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>ARUNSON Robert I.</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 AUSTRALIAN Ave South Suite 100</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>	
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 <u><i>Robert Arunson</i></u> <b>Robert Arunson Secy/Treas</b> <span style="float: right;">1/7/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LAPPIN, W. ROBERT</b>	NAME			
STREET ADDRESS	<b>500 AUSTRALIAN AVE. SOUTH-S #100</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BILDNER, JOAN</b>	NAME			
STREET ADDRESS	<b>500 AUSTRALIAN AVE SOUTH-S #100</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROGAN, JOHN J</b>	NAME			
STREET ADDRESS	<b>500 AUSTRALIAN AVE. SOUTH-S #100</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP			
TITLE	ST <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	<b>FITZGERALD, JAMES F.</b>	NAME	<b>ARUNSON Robert I</b>		
STREET ADDRESS	<b>500 AUSTRALIAN AVE. SOUTH-S #100</b>	STREET ADDRESS	<b>500 AUSTRALIAN AVE South S#100</b>		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ROBINSON, NICHOLAS</b>	NAME			
STREET ADDRESS	<b>500 AUSTRALIAN AVE. SOUTH</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>COOK, PATRICIA L</b>	NAME			
STREET ADDRESS	<b>500 AUSTRALIAN AVE. SOUTH-S #100</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33401</b>	CITY-ST-ZIP			
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: <u><i>Robert Arunson</i></u> <b>Robert Arunson Secy/Treas</b> <span style="float: right;">1/7/08 561-832-7617</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					