


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90004 028 ****61.25

DOCUMENT # N95000006003	
1. Entity Name PALM TRAN, INC.	

Principal Place of Business 301 NORTH OLIVE AVE., STE. 1101 WEST PALM BEACH, FL 33401	Mailing Address 3201 ELECTRONICS WAY WEST PALM BEACH, FL 33407
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40034347



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0627086		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COHEN, CHARLES D 3201 ELECTRONICS WAY WEST PALM BEACH, FL 33407-4618		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOONS, JEFF	NAME	Addie L. Greene
STREET ADDRESS	301 NORTH OLIVE AVE 12TH FL	STREET ADDRESS	301 North Olive Ave, 12th FL
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AARONSON, BURT	NAME	Robert J. Kanjian
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.	STREET ADDRESS	301 North Olive Ave, 12th FL
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, KAREN T	NAME	
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTAMARIA, JESS R	NAME	
STREET ADDRESS	301 N. OLIVE AVENUE 12TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, WARREN H	NAME	
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTY, MARY	NAME	
STREET ADDRESS	301 NORTH OLIVE AVE., 12TH FL.	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	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: *Addie L. Greene* **01/15/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #