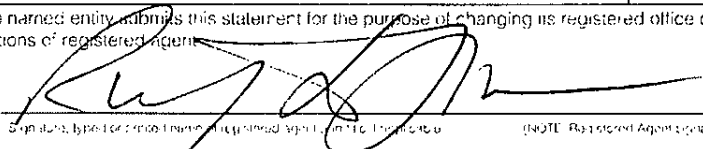
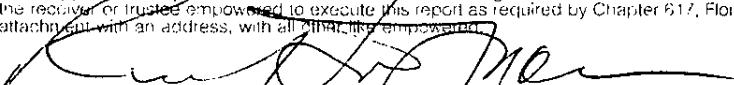


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000004639 1. Entity Name BAILLIAGE DE WEST PALM BEACH, INC.					
Principal Place of Business 585 MASTERS WAY PALM BEACH GARDENS FL 33418			Mailing Address 585 MASTERS WAY PALM BEACH GARDENS FL 33418		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			4. FEI Number 65-0690873		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			1st MOORE CR2E037 (10/07)		
6. Name and Address of Current Registered Agent LAGRECA, RICHARD 585 MASTERS WAY PALM BEACH GARDENS FL 33418				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity admits 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  DATE 4/1/08 (Signature, type or print name of registered agent, and date of filing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY- ST- ZIP	VDS LAGRECA, IRIS 585 MASTERS WAY PALM BCH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	1000000885964 04/18/08-30036-001 61.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VDT RUSSELL, GARTH 99 WOODMUIR STREET PALM BCH GARDENS FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowerments.

SIGNATURE: 

4-1-08