


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90030 031 ****61.25

DOCUMENT # N98000003910 1. Entity Name POETS OF THE PALM BEACHES, INC.	
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Principal Place of Business 7266 TRAPANI LANE BOYNTON BEACH, FL 33437 US	Mailing Address P. O. BOX 1434 LAKE WORTH, FL 33460-1434
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01152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856057	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PALMA, CORA LEE 7622 TRAPANI LANE BOYNTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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>Cora Lee Palma</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1/15/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BARLETT, DONNA D PO BOX 1434 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALOZZI, JOHN PO BOX 1434 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOY, DIANA PO BOX 1434 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DV DUNCAN, NORMA PO BOX 1434 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOLFSON, MARJORIE PO BOX 1434 LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PALMA, CORA LEE 7622 TRAPANI LANE BOYNTON BEACH, FL 33437

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IN THIS SPACE**

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.	
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SIGNATURE: <u><i>John Paluzzi</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/15/06</u> <small>Date</small>	DAYTIME PHONE # <u>561-588-9829</u> <small>Daytime Phone #</small>
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ATTACHMENT

1/30/06

40012420

Addresses

FN98000003910

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DV

NEUBERT, RAYMOND

3705 SOUTH FLAGLER DRIVE #33

WEST PALM BEACH FL 33405

DV

SCHEITLER, CHARLES

237 EDGEWOOD DR

WEST PALM BEACH FL 33405
