

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004681

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: PALM BEACH HARVEST, INC.

## Current Principal Place of Business:

1715 TIFFANY DRIVE EAST  
WEST PALM BEACH, FL 33407

## New Principal Place of Business:

## Current Mailing Address:

1715 TIFFANY DRIVE EAST  
WEST PALM BEACH, FL 33407

## New Mailing Address:

FEI Number: 65-0867851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MORGAN, DEBORAH  
5293 OAKMONT VILLAGE CR  
LAKE WORTH, FL 33463 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LEVY, LOIS  
Address: 6991QUINCE LANE  
City-St-Zip: LAKE WORTH, FL 33467

Title: TRES ( ) Delete  
Name: KELLER, LISA  
Address: 6651 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL 33467

Title: DIR ( ) Delete  
Name: BARON, GERALD  
Address: 198 E TALL OAKS DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33489

Title: SEC ( ) Delete  
Name: WISE, JERI  
Address: 8604 DOVERBROOK DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: DIR ( ) Delete  
Name: WEST, DAN  
Address: 7255 S. MILITARY TRAIL  
City-St-Zip: WEST PALM BEACH, FL 33463

Title: EX D ( ) Delete  
Name: MORGAN, DEBORAH  
Address: 5293OAKMONT VILLAGE CR  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TRES (X) Change ( ) Addition  
Name: KELLER, LISA  
Address: 1966 TIGRIS DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA KELLER

TREA

04/10/2007

Electronic Signature of Signing Officer or Director

Date