2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 22, 2007 8:00 am Secretary of State

DOCUMENT # P0000008530 1. Entity Name FOLSUM PALMS INC.					02-22-2007 90013 036 ***150.00				
Principal Place	e of Business	Mailing Address	Mailing Address			- 0			
		6000 S. DIXIE HWY			4005	588a			
LUXAHATUHE	E, FL 334/U	MEZI BATW BEYCH	WEST PALM BEACH, FL 33405			_			
2. Principal P	lace of Business - No P.O. Pox #	3. Mailing Address	J. Mailing Address			iii 40 111 (1 8111 80 111 10 111	COM POPULOM NA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02092007	Chg-P	CR2E034 (1	12/06)	
City & State		City & State	City & State		4. FEI Number	722		1	plied For
Zip Country		Zip	Cour	ntry	65-0970		~ \$8 ·	75 Add	Applicable
					5. Certificate of	Status Desired	Fee I	Required	i
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DEWEY, JACK B 6000 S. DIXIE HIGHWAY									
				Street Address (P.O. Box Number is Not Acceptable)					
WEST PAI	_M BEACH, FL 33405							•	
				City			FL 2	Zip Code	 -
9. The chave	gomed onlike submits this statement t	or the oursess of shappin	n ito renistor	ad attion or register	rad agoal, or both	in the Ctate of Flo		ine with	
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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renspiting) DATE OATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign F Trust Fund Contributi					.00 May Be led to Fees				!
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OFFI	CERS AND DIR	ECTORS	IN 11
TITLE	P LACK B	☐ Delele	1111	")				Change	Addition
NAME STREET ADDRESS	DEWEY, JACK B 6000 S. DIXIE HIGHWAY		NAN STR	EET ADDRESS					
CITY-ST-ZIP				'-S1-ZIP					
TITLE		☐ Delete	TiTL	E				Change	Addition
NAME			MAN	i i					
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '- ST-21P					
TITLE		Delete	TITL	Ē.				Change	☐ Addition
NAME			NAM	1E (_		_
STREET ADDRESS City-St-Zip				EET ADORESS /-ST-ZIP					
TIFLE		□ Delete	m					Change	Addition
NAME		L_1 Selecte	NAN				اسا	Change	Applican
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				/-S1-ZIP					
TITLE NAME		Delete	TITL NAM				Ц	Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			City	r-ST-ZIP					
MLE		☐ Delete	TITL	l l				Change	Addition
NAME STREET ADDRESS			NAA Sid	KE EET ADDRESS					
CITY-ST-ZIP				(-ST-ZIP					
12. I hereby	certify that the information supplied wi	th this filing does not quali	ify for the ex	emptions contained	d in Chapter 119,	Florida Statutes. I	further certify th	nat the in	formation
of the cor	on this report or supplemental report poration or the receiver or trustee em	cowered to execute this re	port as requ	iture shall have the ired by Chapter 60'	same legal effect 7, Florida Statutes:	as if made under o and that my name	path; that I am ar e appears in Blo	n officer ick 10 or	or director Block 11 if
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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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AND TYPED OR PRINTED NAME OF SIGNING OF REFER OR DIRECTOR