2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035172

Entity Name: PALOMINO DE VELASCO, INC.

FILED Mar 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

407 LINCOLN ROAD SUITE 5B 10076 EAST BAY HARBOR DR. 76C MIAMI BEACH, FL 33139 BAY HARBOR ISLAND, FL 33154

Current Mailing Address: New Mailing Address:

407 LINCOLN ROAD SUITE 5B 10076 EAST BAY HARBOR DR. 76C MIAMI BEACH, FL 33139 BAY HARBOR ISLAND, FL 33154

FEI Number: 65-0997046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PALOMIRO DE VELASCO, BARBARA

7609 ESTATES DR

NORTH PORT, FL 34286 US

KOCH & COMPANY, CPAS, P.A.

225 W. VIRGINIA AVENUE
PUNTA GORDA, FL 33950 US

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: REXFORD R. KOCH, CPA 03/11/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 PSTV
 () Delete

 Name:
 DE VELASCO, BARBARA P

 Address:
 7609 ESTATES DRIVE

 City-St-Zip:
 NORTH PORT, FL 34286

 Title:
 D
 (X) Delete

 Name:
 DE VELASCO, BARBARA P

 Address:
 7609 ESTATES DRIVE

 City-St-Zip:
 NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PALOMINO DE VELASCO, BARBARA
Address: 10076 EAST BAY HARBOR DR 76C
City-St-Zip: BAY HARBOR ISLAND, FL 33154

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA PALOMINO DE VELASCO PSTD 03/11/2006