


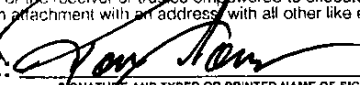
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 044 ***150.00

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DOCUMENT # P0000050273			
1. Entity Name PALM HOUSE PUBLISHING, INC.			
Principal Place of Business 3210 DADE AVENUE ORLANDO, FL 32804 US		Mailing Address 3210 DADE AVENUE ORLANDO, FL 32804 US	
2. Principal Place of Business No P.O. Box # 4075 LB McLeod Rd Suite, Apt. #, etc. Suite E City & State Orlando FL Zip 32811 Country USA		3. Mailing Address 4075 LB McLeod Rd Suite, Apt. #, etc. Suite E City & State Orlando FL Zip 32811 Country USA	
03202007 Chg-P CR2E034 (12/06)		4. FEI Number 59-3650768 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, RONNIE J 2021 WATER KEY DR WINDERMERE, FL 34786		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 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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete	NAME JONES, RONNIE J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2021 WATER KEY DR	CITY-ST-ZIP WINDERMERE, FL 34786	NAME	
STREET ADDRESS 2021 WATER KEY DR	CITY-ST-ZIP WINDERMERE, FL 34786	STREET ADDRESS	
TITLE VD <input type="checkbox"/> Delete	NAME JONES, MARYJO T	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2021 WATER KEY DR	CITY-ST-ZIP WINDERMERE, FL 34786	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
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 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.			
SIGNATURE: 		3/29/07 402-648-7199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date-time Phone #	