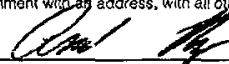


Apr 28,  
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**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P00000084789</b>			
1. Entity Name THE PAL MANAGEMENT GROUP, INC.			
Principal Place of Business 3550 BISCAYNE BLVD #406 MIAMI, FL 33137	Mailing Address 3550 BISCAYNE BLVD #406 MIAMI, FL 33137		
<b>DO NOT WRITE IN THIS SPACE</b>			
		03092006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1040388	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  MILLER, BONNIE CPA 9050 PINES BLVD STE 384 PEMBROKE PINES, FL 33024		<b>DO NOT WRITE IN THIS SPACE</b>	
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, 2006 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		<b>DO NOT WRITE IN THIS SPACE</b>  000000843646 05/11/06 80002-003 150.00	
TITLE	D		
NAME	MELTZER, ANDREW		
STREET ADDRESS	3550 BISCAYNE BLVD #406		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE	D		
NAME	KERZNER, PAUL		
STREET ADDRESS	3350 BISCAYNE BLVD #406		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE	D		
NAME	MELTZER, LOUIS		
STREET ADDRESS	3550 BISCAYNE BLVD #406		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE	D		
NAME	BARBAGOLLO, GREG		
STREET ADDRESS	3550 BISCAYNE BLVD # 406		
CITY-ST-ZIP	MIAMI, FL 33137		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		4/27/06 (308) 573-1577	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	