

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90030 028 ***150.00

DOCUMENT # P01000088108 1. Entity Name PALM BEACH SPECIAL NEEDS TRANSPORTATION, INC.																			
Principal Place of Business 5771 FAIRWAY PARK CT., BLDG. #17-202 BOYNTON BEACH, FL 33437		Mailing Address 5771 FAIRWAY PARK CT., BLDG. #17-202 BOYNTON BEACH, FL 33437																	
2. Principal Place of Business 3301 SPANISH MOSS TERR 804 Suite, Apt. #, etc.		3. Mailing Address 3301 SPANISH MOSS TERR 804 Suite, Apt. #, etc.																	
City & State LAUDERHILL FL Zip 33319		City & State LAUDERHILL FL Zip 33319																	
Country USA		Country USA																	
4. FEI Number 65-1134206		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent KRAUSE, PHILIP F 5771 FAIRWAY PARK CT., BLDG. #17-202 BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name JENNIFER REID Street Address (P.O. Box Number is Not Acceptable) 3301 SPANISH MOSS TERR 804 City LAUDERHILL FL Zip Code 33319																	
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 <u><i>Jennifer Reid</i></u> JENNIFER REID <u>02/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																			
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">D KRAUSE, PHILIP F <input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5771 FAIRWAY PARK CT., BLDG. #17-202</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BOYNTON BEACH, FL 33437</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	D KRAUSE, PHILIP F <input checked="" type="checkbox"/> Delete	NAME	5771 FAIRWAY PARK CT., BLDG. #17-202	STREET ADDRESS	BOYNTON BEACH, FL 33437	CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">P.D. JENNIFER REID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>3301 SPANISH MOSS TERR 804</td> </tr> <tr> <td>STREET ADDRESS</td> <td>LAUDERHILL FL 33319</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	P.D. JENNIFER REID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	3301 SPANISH MOSS TERR 804	STREET ADDRESS	LAUDERHILL FL 33319	CITY-ST-ZIP	
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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: <u><i>Jennifer Reid</i></u> JENNIFER REID <u>02/12/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>02/12/06</u> Daytime Phone # <u>(954) 579-5492</u>																	