2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000094646

City-St-Zip:

BOCA RATON, FL 33432

FILED Oct 23, 2009 Secretary of State

Entity Name: PALM BEACH AVIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1516 PERIMETER ROAD SUITE ME 140 WEST PALM BEACH, FL 33406 **New Mailing Address: Current Mailing Address:** ONE CITY CENTRE ONE NORTH FEDERAL HIGHWAY, SUITE 500 BOCA RATON, FL 33432 FEI Number: 65-1150941 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: RAFFERTY, JR, WILLIAM L ESQ. 1401 BRICKELL AVENUE SUITE 825 MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SARGEANT, III, HARRY Name: MARTIN, MARTY Name: ONE NORTH FEDERAL HIGHWAY, SUITE 500 ONE NORTH FEDERAL HIGHWAY, SUITE 500 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: Title: VΡ (X) Change () Addition () Delete SARGEANT, DANIEL Name: SARGEANT, DANIEL Name: ONE NORTH FEDERAL HIGHWAY, SUITE 500 ONE NORTH FEDERAL HIGHWAY, SUITE 500 Address: Address: BOCA RATON, FL 33432 BOCA RATON, FL 33432 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: TOFO KIRKEIDE, KEVIN G KIRKEIDE, KEVIN G Name: Name: ONE NORTH FEDERAL HIGHWAY, SUITE 500 ONE NORTH FEDERAL HIGHWAY, SUITE 500 Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33432 Title: () Delete Title: () Change () Addition GAGNE, GREG Name: Name: Address: ONE NORTH FEDERAL HIGHWAY, SUITE 500 Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: HARRY SARGEANT, III PRES 10/23/2009