

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000103988	
1. Entity Name PALM BAY CLUB FINANCING G.P., INC.	

Principal Place of Business C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD, STE 310 WEST PALM BEACH, FL 33401	Mailing Address C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD, STE 310 WEST PALM BEACH, FL 33401
---	---

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH, FL 33401

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)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	DATE 04/10/06-80031-023 158.75
---	--	-----------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK #9 & 10 RICHMOND HILL ONTARIO CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MYERS, WILLIAM P 105 WEST BEAVER CREEK #9 & 10 RICHMOND HILL ONTARIO CANADA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	Fabrizio Lucchesi	2/22/06	905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #