2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # P01000117426 THE PALM MANOR, INC. Principal Place of Business Mailing Address 6609 SW 20 STREET **7531 PLANTATION BLVD** MIRAMAR, FL 33023 MIRAMAR, FL 33023 CR2E034 (11/05) 03302007 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEt Number Applied For 26-0005654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HENRY, DONNETT H DO NOT WRITE 7531 PLANTATION BLVD MIRAMAR, FL 33023 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rematating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE HENRY, DONNETT H NAME STREET ADDRESS 7531 PLANTATION BLVD CITY-ST-ZIP MIRAMAR, FL 33023 TITLE HENRY, ROBERT U00000684561 04/06/07-80037-021 150.00 NAME STREET ADDRESS 7531 PLANTATION BLVD CITY-ST-ZIP MIRAMAR, FL 33023 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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:

TITLE
NAME
SYREET ADDRESS

OHLOW DON STI HENRY
ATOREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/07 954 963-44/1

FILED