## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am Secretary of State

DOCUMENT # P0200002078  1. Entity Name QUEEN'S PALM, INC.						02-02-2006 90	0035 016 ***	'150. <sub>'</sub>	<b>)</b> 00
Principal Place of Business Mailing Address									
5275 BABCOCK ST NE #102 1304 GARDENIA DRIV E PALM BAY, FL 32905 BAREFOOT BAY, FL 32									11 <b>90</b> : 41 18 W
Principal Place of Business     3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122006	Chg-P	CR2E034 (1	1/05)	
City & State		City & State		4. FEI Numbe 80-0022			<del></del>	oplied For ot Applicable	
Zip	Country Zip Co		Cour	ntry	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and	Address of New R			
WAYANIYO DONALDA									
IWANKO, RONALD A 1304 GARDENIA DRIVE BAREFOOT BAY, FL 32976				Street Address (P.O. Box Number is Not Acceptable)					
2,	51								
				City			r L	ip Code	
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 aignature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10. COFFICERS AND DIRECTORS 11.					1001710191				
TITLE	VP	Delete	11.	<del> </del>	ADDITIONS/C	CHANGES TO OFFI			
NAME	IWANKO, RONALD A	CT Delete	NAM	1			t	hange	Addition
STREET ADDRESS	1304 GARDENIA DR		STRE	et address					i
CITY-ST-ZIP	BAREFOOT BAY, FL 32976		CITY	-ST-ZIP					
TITLE NAME	P IWANK CHRISTINE M	☐ Delete	TITLE NAME	1			<b></b>	hange	☐ Addition
STREET ADDRESS CITY-ST-ZIP	1304 GARDENIA DR BAREFOOT BAY, FL 32976			et address • St-Zip					
TITLE		☐ Delete	TITLE					hange	Addition
NAME CERCET ARRESTO			NAM	]				٠	
STREET ADDRESS CITY-ST-ZIP				et address -St-Zip					
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NAME			NAME				<b>-</b> •	<b>J</b> -	
STREET ADORESS CITY-ST-ZIP				T ADDRESS					Į
12. I hereby o	ertify that the information sumplied with	this filing does not qualify for	the eve	ST-ZIP	ad in Chapter 110	Elorido Ctatuta - 11	embar anali er		
12. I hereby certify that the information supplied with this filling 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.									