


**-2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000002267 1. Entity Name PALM BEACH REALTY INC.	
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Principal Place of Business 231 SUNRISE AVE PALM BCH, FL 33480	Mailing Address 231 SUNRISE AVE PALM BCH, FL 33480
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DO NOT WRITE IN THIS SPACE

FILED
05 FEB 21 PM 5:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02122005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3753582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEARL, TARA E 150 BRADLEY PL APT 308/309 PALM BCH, FL 33480
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PEARL, TARA E 150 BRADLEY PL APT 308/309 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SMALL, PHYLLIS H 150 BRADLEY PL APT 307 PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SMALL, PHYLLIS H 150 BRADLEY PL APT 307 PALM BCH, FL 33480
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>2/14/05</u>	Daytime Phone # <u>571-533-0238</u>
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