2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023754

1. Entity Name
A PALLET CO. INC.

Principal Place of Business	Mailing Address
1649 AVE. ROYAL PALM BEACH, FL 33411	71 MACADAMIA COURT ROYAL PALM BEACH, FL 33411

40077767

04272006	Chg-P	CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1649 AVE L REAR	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State *Riviera Bch FL*	City & State
Zip *33404* Country	Zip Country

4. FEI Number
61-1407981
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZITO, ROCCO
71 MACADAMIA COURT
ROYAL PALM BEACH, FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   **FL**   Zip 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 signature required when reinstating)   DATE

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

10. OFFICERS AND DIRECTORS   **11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	ZITO, ROCCO		NAME			
STREET ADDRESS	71 MACADAMIA COURT		STREET ADDRESS			
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411		CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____   *4/28/06*   *561 798-1564*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #