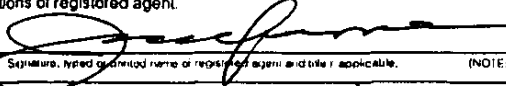
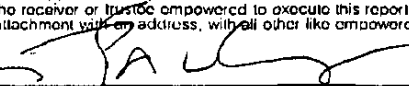


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

03-23-2007 90034 036 ***150.00

DOCUMENT # P02000037611			
1. Entity Name DUFFY'S OF ROYAL PALM BEACH, INC.			
Principal Place of Business 4440 PGA BLVD. STE 201 PALM BEACH GARDENS FL 33410		Mailing Address 4440 PGA BLVD. STE 201 PALM BEACH GARDENS FL 33410	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 02-0566779		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KOEPPPEL, JOEL P ESQ. 525 SOUTH FLAGLER DR. STE. 200 WEST PALM BEACH FL 33401		Name Joel Koeppele Esq Street Address (P.O. Box Number is Not Acceptable) Koeppele Law Group 10116 Clearwater Place City West Palm Beach FL Zip Code 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 		JOEL P. KOEPPPEL 4/1/07 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P EMMETT, PAUL 521 NORTHLAKE BLVD. #4 NORTH PALM BEACH FL 33408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	4440 PGA Blvd Suite 201 P.B. Gardens, FL 33410 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		3-13-07 561-804-7676 Date Daytime Phone	