

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90152 050 \*\*\*150.00

<b>DOCUMENT # P02000096318</b> 1. Entity Name <b>PALM TREE TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>7347 LAKE WORTH RD LAKE WORTH, FL 33467</b>		Mailing Address <b>7347 LAKE WORTH RD LAKE WORTH, FL 33467</b>	
2. Principal Place of Business <b>7343 LAKE WORTH RD</b>		3. Mailing Address <b>7343 LAKE WORTH RD</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>	
Zip <b>33467</b>		Zip <b>33467</b>	
Country <b>PALM BEACH</b>		Country 	
4. FEI Number <b>03-0480897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CONTESSA, RONALD 7191 WINDY PRESERVE LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent Name <b>CONTESSA, RONALD</b> Street Address (P.O. Box Number is Not Acceptable) <b>7343 LAKE WORTH RD.</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>	
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 <u>Ronald Contessa</u> <b>RONALD CONTESSA</b> <b>2-7-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONTESSA, RONALD 7191 WINDY PRESERVE LAKE WORTH, FL 33467 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CONTESSA, RONALD 7343 LAKE WORTH RD LAKE WORTH, FL 33467 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONTESSA, RONALD 7191 WINDY PRESERVE LAKE WORTH, FL 33467 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONTESSA, RONALD 7343 LAKE WORTH RD LAKE WORTH, FL 33467 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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: <u>Ronald Contessa</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>2-7-05</b> <small>Date Daytime Phone #</small>	

50024101



02072005 Chg-P CR2E034 (10/03)