2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005
Secretary of State

DOCUMENT# P02000118370

Entity Name: PALM DESIGN, INC.

Current Principal Place of Business:

1849 JOHN SIMS PARKWAY
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

PO BOX 1974
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 51-0432770 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALM, CHRISTOPHER M
148 RAINTREE BLVD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

PALM, CHRISTOPHER M
1849 JOHN SIMS PARKWAY
NICEVILLE, FL 32578 US

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.

SIGNATURE: CHRISTOPHER M. PALM 06/09/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: PALM, CHRISTOPHER M
Address: 148 RAINTREE BLVD
City-St-Zip: NICEVILLE, FL 32578

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: PAULK, WALLACE M
Address: 607 PINECONE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: DVPS ( ) Change (X) Addition
Name: PALM, CHRISTOPHER M
Address: 85 BAYSIDE DRIVE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE M. PAULK DPT 06/09/2005
Electronic Signature of Signing Officer or Director Date