2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033614

Entity Name: PALACE BUILDERS, INC.

VASILEVSKY, YEFIM

PALM COAST, FL 32137

SHMOOKLER, SIMON

PALM COAST, FL 32137

2 AUGUSTA TRAIL

(X) Delete

44 FRONT ST

DS

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
145 CYPRESS POINT PKWY SUITE 201 PALM COAST, FL 32164				145 CYPRESS POINT PKWY SUITE 203 PALM COAST, FL 32164		
				·		
Current Mailing Address:				New Mailing Address:		
145 CYPRESS POINT PKWY SUITE 201 PALM COAST, FL 32164				145 CYPRESS POINT PKWY SUITE 203 PALM COAST, FL 32164		
FEI Number:	14-1879421	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
DASILVA, ANTONIO C 145 CYPRESS POINT PKWY SUITE 201 PALM COAST, FL 32164 US				DASILVA, ANTONIO C 145 CYPRESS POINT PKWY SUITE 203 PALM COAST, FL 32164 US		
The above in the State		submits this statement for the	purpose o	f changing its registered	office or registered agent, or both,	
SIGNATURE:				04/30/2007		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DASILVA, ANTO	POINT PKWY SUITE 201		Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title:	Τ () Delete		Title: () Change () Addition	

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ANTONIO C DASILVA DP 04/30/2007

() Change () Addition