2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000035887

Entity Name: ROYAL PALM BANCORP, INC.

FILED Jan 12, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1255 CREEKSIDE PKWY NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 1255 CREEKSIDE PKWY NAPLES, FL 34108 FEI Number: 04-3758625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAAKE, ARNOLD J 1255 CREEKSIDE PKWY NAPLES, FL 34108 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition HAAKE, ARNOLD J CEO Name: Name: 1255 CREEKSIDE PKWY Address: Address: NAPLES, FL 34108 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition AWERKAMP, TED T Name: MAGNUS, JAMES Name: 1255 CREEKSIDE PARKWAY 1255 CREEKSIDE PARKWAY Address: Address: NAPLES, FL 34018 NAPLES, FL 34018 City-St-Zip: City-St-Zip: () Delete Title: DC Title: () Change () Addition WHITNEY, SCOTT R Name: Name: 1255 CREEKSIDE PARKWAY Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, PAUL Name: Name: Address: 1255 CREEKSIDE PARKWAY Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: Title: () Delete (X) Change () Addition WEYL, TOM F Name: DUGAN, DAN S Name: 1255 CREEKSIDE PARKWAY Address: 1255 CREEKSIDE PARKWAY Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 Title: (X) Delete Title: () Change () Addition SCOLA, VINCENT Name: Name: 1255 CREEKSIDE PARKWAY Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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: ARNOLD J. HAAKE CEO 01/12/2007