

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P03000047354

1. Entity Name  
PALM BEACH MEDIATION GROUP, INC.



Principal Place of Business  
444 W. BOYNTON BEACH BLVD.  
SUITE 1  
BOYNTON BEACH, FL 33435

Mailing Address  
444 W. BOYNTON BEACH BLVD.  
SUITE 1  
BOYNTON BEACH, FL 33435

**DO NOT WRITE IN THIS SPACE**

04-25-2007 90181 023 \*\*\*150.00

40080654



03052007 No Chg-P CR2E034 (11/05)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1184766 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGRADY, LINDA B  
444 W. BOYNTON BEACH BLVD.  
SUITE 1  
BOYNTON BEACH, FL 33435

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007, Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MCGRADY, LINDA B<br>444 W. BOYNTON BEACH BLVD. SUITE 1<br>BOYNTON BEACH, FL 33435 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

LINDA BROWN MCGRADY

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 561-731-3990  
Date Daytime Phone #