



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2006 08:00 A
Secretary of State

DOCUMENT # P03000060309 1. Entity Name PALM CITY SHUTTLE, INC.	
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Principal Place of Business 1573 SE CAMBRIDGE DRIVE PORT ST LUCIE, FL 34952 US	Mailing Address 1573 SE CAMBRIDGE DRIVE PORT ST LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



08082006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0215270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent ALLOCCO, PHILIP SR. 1573 SE CAMBRIDGE DRIVE PORT ST LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLOCCO, PHILIP 1573 CAMBRIDGE DR. PORT SAINT LUCIE, FL 34952
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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: P. Allocco Allocco 8-14-06 772 343-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #