

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000063936</b>	
1. Entity Name <b>BUCKINGHAM PALACE II, INC.</b>	

Principal Place of Business <b>14967 RIVERS EDGE CT SUITE 203 FORT MYERS, FL 33908 US</b>	Mailing Address <b>14967 RIVERS EDGE CT SUITE 203 FORT MYERS, FL 33908 US</b>
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01102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0042285</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JAMES, NICHOLAS L ESQ  
2191 COLLEGE PKWY  
SUITE 206  
FORT MYERS, FL 33908**

**DO NOT WRITE  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	D JUERGENS, DIANE 14967 RIVERS EDGE CT. # 203 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATT, JUNG 375 HORONS RNN DRIVE #920 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000645487  
03/05/07-80009-006 150.00

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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:** *Diane L. J...* 2/21/07 (239) 226-4500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #