

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109359

FILED  
Aug 03, 2006  
Secretary of State

**Entity Name:** PALM BEACH BUSINESS CONSULTANTS INC.

**Current Principal Place of Business:**

4400 N FEDERAL HWY  
STE 210-12  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

4400 N FEDERAL HWY  
STE 210-12  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 83-0378910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTA, ALISA  
4400 N FEDERAL HWY  
STE 210-12  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANTA, ALISA  
Address: 4400 N FEDERAL HWY, STE 210-12  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ALISA SANTA

PRES

08/03/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date