2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 04, 2007 8:00 am Secretary of State DOCUMENT # P03000116677 05-04-2007 90082 002 ***150.00 PALM BEACH PUSSY, INC. Principal Place of Business Mailing Address 1132 GRAND CAY DRIVE PO BOX 33492 PALM BEACH GARDENS FL 33418 WEST PALM BEACH FL 33420-3492 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 71-0956260 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, PATRICIA A 1132 GRAND CAY DRIVE Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS FL 33418 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPT TITLE ☐ Delete IIIIE ☐ Change Addition LEE, PATRICIA A NAME NAMI 1132 GRAND CAY DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CHY-S1-ZIP CHY ST ZIP DVS Delete. IIIII HHE (Change ☐ Addition HOBSON, SEAN B Lee, Sean B. 1132 Grand Coy Drive Palm Beach Gardens, Fl. 33418 nametaddres NAME 257 SW 32ND RD. STREET ADDRESS STREET ADDRESS change due to MIAMI FL 33129 CHY-SI-ZIP di viveE CITY ST-ZIP BULF ☐ Delete шп Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST ZIP HILE Delete HHE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY S1-7/P TITLE Delete HILE ☐ Change ☐ Addilion NAML NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-S1-7IE HULF Delete HTH ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SI-ZIP

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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 eath; 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. (Patricia A. LEE) 4/17/101 521-627-3815 Tatrices a. Lee (Pa

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information