
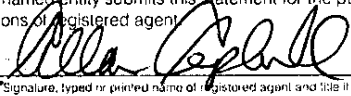
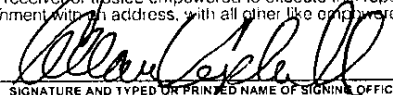


2007 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90009 024 ***150.00

DOCUMENT # P03000136555 1. Entity Name PALM BEACH FENCE FACTORY, INC.					
Principal Place of Business 2228 E. CARROL CIRCLE WEST PALM BEACH, FL 33415			Mailing Address 2228 E. CARROL CIRCLE WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box # 641 PINE HOLLOW LANE Suite, Apt. #, etc.		3. Mailing Address 641 PINE HOLLOW LANE Suite, Apt. #, etc.			
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 20-0605179	
Zip 33413		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
Name ALLAN B. CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 641 PINE HOLLOW LANE City WEST PALM BEACH FL			Name ALLAN B. CAMPBELL Street Address (P.O. Box Number is Not Acceptable) 641 PINE HOLLOW LANE City WEST PALM BEACH FL		
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:  ALLAN B. CAMPBELL 561-697-9741 <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CAMPBELL, ALLAN B 641 PINE HOLLOW LANE WEST PALM BEACH, FL 33413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 information.					
SIGNATURE: 			ALLAN B CAMPBELL 4/14/2007 561-697-9741		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		