2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P04000019394

Entity Name: PALM TREE PRODUCTIONS INC.

Current Principal Place of Business:

600 NE 36TH STREET
STE 519
MIAMI, FL 33137

New Principal Place of Business:

2450 NE 135TH STREET
STE 502
NORHT MIAMI, FL 33181

Current Mailing Address:

600 NE 36TH STREET
STE 519
MIAMI, FL 33137

New Mailing Address:

2450 NE 135TH STREET
STE 502
NORTH MIAMI, FL 33181

FEI Number: 20-0672373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGUIRE, CHRISTINA
600 NE 36TH STREET
STE 519
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

MAGUIRE, CHRISTINA
2450 NE 135TH STREET
STE 502
NORTH MIAMI, FL 33181 US

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: CHRISTINA MAGUIRE 04/30/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAGUIRE, CHRISTINA
Address: 600 NE 36TH STREET STE 519
City-St-Zip: MIAMI, FL 33137

Title: VD ( ) Delete
Name: DELISLE, MELISSA
Address: 600 NE 36TH STREET STE 519
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAGUIRE, CHRISTINA
Address: 2450 NE 135TH STREET #502
City-St-Zip: NORTH MIAMI, FL 33181

Title: VD (X) Change ( ) Addition
Name: DELISLE, MELISSA
Address: 2450 NE 135TH STREET
City-St-Zip: NORTH MIAMI, FL 33181

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: CHRISTINA MAGUIRE PD 04/30/2006
Electronic Signature of Signing Officer or Director Date