

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000019394

FILED
Apr 30, 2007
Secretary of State

Entity Name: PALM TREE PRODUCTIONS INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2007

Electronic Signature of Signing Officer or Director

Date