2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State
03-14-2005 90109 043 ***158.75

DOCUMENT # P04000037578

1. Entity Name
PALM AVENUE DESIGNS, INC.

50025958

Principal Place of Business	Mailing Address
431 LIVE OAK RD. VERO BEACH, FL 32963	431 LIVE OAK RD. VERO BEACH, FL 32963

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0865630 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDERSON, STEVE L ESQ.
817 BEACHLAND BLVD.
VERO BEACH, FL 32963

Same agent just moved -- new address only no signature needed?

7. Name and Address of New Registered Agent

Name: Henderson, Steve L ESQ
Street Address (P.O. Box Number is Not Acceptable): 756 BEACHLAND BLVD
SUITE A
City: VERO BEACH FL Zip Code: 32963

8. The above named entity submits this st[...] 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 re[...] agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, LISA 431 LIVE OAK RD. VERO BEACH, FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOVERN, EUGENE 431 LIVE OAK RD. VERO BEACH, FL 32963	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered.

SIGNATURE: LISA P. McGOVERN Lisa Peaslee McGovern 3/11/05 772-492-0495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #