


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000064620

1. Entity Name
PALFARYN, INC.



Principal Place of Business 702 LAKE AVENUE LAKE WORTH, FL 33460	Mailing Address 521 LAKE AVENUE SUITE 9 LAKE WORTH, FL 33460
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DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1022341	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PALOMBO, DAVID A DPS
 3651 WOODS WALK BLVD
 LAKE WORTH, FL 33467**

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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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PALOMBO, DAVID 3651 WOODS WALK BLVD LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SZAFARYN, MARK H 3651 WOODS WALK BLVD LAKE WORTH, FL 33467
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 04/23/07-80025-016 158.75

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 empowered.

SIGNATURE: David Palombo DPS **4-10-07** **561-582-4899**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #