2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101128

Entity Name: MIGUN OF THE PALM BEACHES, INC.

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

851 VILLAGE BLVD 1404 NW COCONUT POINT LANE

SUITE 501 STUART, FL 34994 US WEST PALM BEACH, FL 33409 US

New Mailing Address: Current Mailing Address:

851 VILLAGE BLVD 1404 NW COCONUT POINT LANE

SUITE 501 STUART, FL 34994 US WEST PALM BEACH, FL 33409 US

FEI Number: 20-1346777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOD, BYRON R WOOD, BYRON R

851 VILLAGE BLVD. SUITE 501 1404 NW COCONUT POINT LANE WEST PALM BEACH, FL 33409 US STUART, FL 34494 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: BYRON R WOOD 05/01/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (). ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title:

Title: (X) Change () Addition

() Delete WOOD, BRITTANY N WOOD, BRITTANY N Name: Name: 851 VILLAGE BLVD, SUITE 501 1404 NW COCONUT POINTE LANE Address: Address:

City-St-Zip: W PALM BEACH, FL 33409 City-St-Zip: STUART, FL 34994

VΡ Title: VΡ (X) Change () Addition Title: () Delete

WOOD, DONNA M Name: WOOD, DONNA M Name:

851 VILLAGE BLVD, SUITE 501 1404 NW COCONUT POINTE LANE Address: Address:

W PALM BEACH, FL 33409 STUART, FL 34994 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

WOOD, BYRON R WOOD, BYRON R Name: Name:

851 VILLAGE BLVD, SUITE 501 1404 NW COCONUT POINTE LANE Address: Address:

City-St-Zip: W PALM BEACH, FL 33409 City-St-Zip: STUART, FL 34994

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.

Ρ SIGNATURE: DONNA M WOOD 05/01/2006