2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State
05-29-2007 90045 010 ***150.00

DOCUMENT # P04000121180

1. Entity Name
A1A PALM TRIMMERS, INC.

Principal Place of Business	Mailing Address
2491 KARL DRIVE PORT ORANGE, FL 32128	2491 KARL DRIVE PORT ORANGE, FL 32128

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04242007 Chg-P CR2E034 (12/06)

4. FEI Number: 20-1568087 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRIGGERS, TRACEY C 2491 KARL DRIVE PORT ORANGE, FL 32128	Name: SHANE MICHAEL DRIGGERS Street Address (P.O. Box Number is Not Acceptable): 2491 KARL DR PORT ORANGE FL City / FL / Zip Code 32128

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: X SHANE MICHAEL DRIGGERS [signature] DATE 4/24/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DRIGGERS, TRACEY C 2491 KARL DRIVE PORT ORANGE, FL 32128	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANE MICHAEL DRIGGERS 2491 KARL DR PORT ORANGE FL 32128	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DRIGGERS, KRISTENE H 2491 KARL DRIVE PORT ORANGE, FL 32128	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: X SHANE MICHAEL DRIGGERS [signature] 4/24/2007 299-2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #