

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90027 014 ***150.00

DOCUMENT # P04000171943
 1. Entity Name
 WEST PALM BEACH ACQUISITIONS, INC.



Principal Place of Business 9001 E COLONIAL DR ORLANDO, FL 32817	Mailing Address 9001 E COLONIAL DR ORLANDO, FL 32817
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DO NOT WRITE IN THIS SPACE

40036464



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2088290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FOWLER WHITE BOGGS BANKER, PA
 50 N LAURA STREET SUITE 2200
 JACKSONVILLE, FL 32202

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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 _____ (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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATKINSON, CARL R. 9001 E. COLONIAL DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, FRANK J. 9001 E. COLONIAL DRIVE ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLAN, EDWARD M. ALDEN, EDWARD M. 9001 E. COLONIAL DRIVE ORLANDO, FL 32817
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Edward M. Alden 1/9/07 407 275 3200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #