
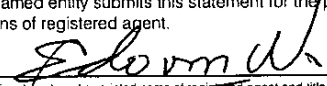
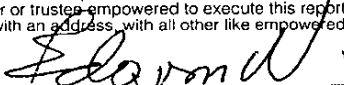


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90400 030 ***150.00

DOCUMENT # P05000048296 1. Entity Name PALM COAST PROPERTY SERVICES, INC.			
Principal Place of Business 3420 45TH ST., STE. 11 WEST PALM BEACH, FL 33407-1894		Mailing Address 3420 45TH ST., STE. 11 WEST PALM BEACH, FL 33407-1894	
2. Principal Place of Business 5602 56 WAY Suite, Apt. #, etc.		3. Mailing Address 5602 56 WAY Suite, Apt. #, etc.	
City & State W. PALM BEACH, FL Zip 33409		City & State W. PALM BEACH, FL Zip 33409	
Country P. BEACH.		Country PALM BEACH	
4. FEI Number 202635615		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALTER, EDUARDO VON 3420 45TH ST., STE. 11 WEST PALM BEACH, FL 33407-1894		7. Name and Address of New Registered Agent Name VON WALTER, EDUARDO Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME WALTER, EDUARDO VON STREET ADDRESS 3420 45TH ST., STE. 11 CITY-ST-ZIP WEST PALM BEACH, FL 334071894	<input type="checkbox"/> Delete	TITLE P NAME VON WALTER, EDUARDO STREET ADDRESS 218 TELOSIA CT. CITY-ST-ZIP W. PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME DIAZ, CESAR STREET ADDRESS 3420 45TH ST., STE. 11 CITY-ST-ZIP WEST PALM BEACH, FL 334071894	<input checked="" type="checkbox"/> Delete	TITLE VP NAME VON WALTER, MARTHA L. STREET ADDRESS 218 TELOSIA CT. CITY-ST-ZIP W. PALM BEACH, FL 33411	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WALTER, MARTA VON STREET ADDRESS 3420 45TH ST., STE. 11 CITY-ST-ZIP WEST PALM BEACH, FL 334071894	<input type="checkbox"/> Delete	TITLE VP NAME VON WALTER, MARTHA L. STREET ADDRESS 218 TELOSIA CT. CITY-ST-ZIP W. PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary LIGIA BROCKMANN 5602-56WAY-W.P.B. FL 33409	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Date 04-15-06 (561) 233697	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	