

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-07-2006 90027 002 ***150.00

DOCUMENT # P05000085947 1. Entity Name THREE PALMS CENTER, INC.					
Principal Place of Business 2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477			Mailing Address 2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-3030588	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRODY, ROBERT 301 CLEMATIS ST STE 201 W PALM BCH, FL 33401				7. Name and Address of New Registered Agent Name Brody, Robert Street Address (P.O. Box Number is Not Acceptable) 1601 Forum Place Suite 1101 City West Palm Beach FL Zip Code 33401	
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, 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 NAME STREET ADDRESS CITY- ST- ZIP	D FROMER, ROBERT L 488 MADISON AVE 16TH FLOR NEW YORK, NY 10022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES D FROMER, ROBERT L. 488 MADISON Ave, 16th FL New York, NY 10022 <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	VICE PRES, D FROMER, TONY 5 POND STREET KINGS POINT, NY 11024 <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	VICE PRES, SEC TREAS, D PROTTING, Norma 2141 Alt. A-1-A, S. Suite 330 Jupiter, FL 33477 <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	
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:			1/25/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

66002890



01102006 Chg-P CR2E034 (11/05)



ATTACHMENT

66002890

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

THREE PALMS CENTER, INC.
2141 ALTERNATE A1A SOUTH STE 330
JUPITER, FL 33477

Subject: **THREE PALMS CENTER, INC.**

Reference Number: **P05000085947**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
ANNUAL REPORTS SECTION

DEAR Sir:

FEI # has been
inserted in Block 4 as
Requested. Name Shattering
2/24/06

P.O. BOX 6327 - Tallahassee, Florida 32314