2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085947

Title:

Name:

Address:

City-St-Zip:

VPDT

PROTTING, NORMA

JUPITER, FL 33477

() Delete

2141 ALTERNATE A-1-A S. STE. 330

Entity Name: THREE PALMS CENTER, INC.

FILED Jan 06, 2009 Secretary of State

Littly Nan	ie. HIKEE PA	LING CENTER, INC.				
Current Principal Place of Business:			New Principal	New Principal Place of Business:		
2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477			STE 330	2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477		
Current Mailing Address:			New Mailing A	New Mailing Address:		
2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477		2141 ALTERNATE A1A SOUTH STE 330 JUPITER, FL 33477				
FEI Number:	20-3030588	FEI Number Applied For ()	FEI Number Not Applicab	le () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Add	Name and Address of New Registered Agent:		
	JM PL M BEACH, FL		urpose of changing its re	egistered office or registered agent, or bo	th,	
in the State		·				
SIGNATUR		Signature of Degistered Age	nt	 Date	_	
Election Carr		c Signature of Registered Age Trust Fund Contribution ().	TIL.	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () [FROMER, ROBE 488 MADISON A' NEW YORK, NY	/E 16TH FLOR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	PD () [FROMER, ROBE 488 MADISON A		Title: Name: Address:	() Change () Addition		
City-St-Zip:	NEW YORK, NY		City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

VPDT

PROTTING, NORMA L

290 RIVERSIDE DR.

(X) Change () Addition

PALM BEACH GARDENS, FL 33410

SIGNATURE: NORMA L. PROTTING VP 01/06/2009