2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095010

Entity Name: ALYVON OF THE PALM BEACHES, INC.

FILED Apr 14, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|----------------------------|---|--|--|
| 721 38TH S WEST PAL | STREET LM BEACH, FL 33407 | US | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | EO NAVARRA LM BEACH, FL 33405 | US | | | |
| FEI Number: | 20-3117422 FEI Nur | nber Applied For() F | FEI Number Not Applicable() | Certificate of Status Desired () | |
| Name and | Address of Current R | Registered Agent: | Name and Address | of New Registered Agent: | |
| 3826 PASE | S, ALLESTA C EO NAVARRA LM BEACH, FL 33405 | US | | | |
| The above in the State | | his statement for the purp | oose of changing its registere | ed office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electronic Signat | ure of Registered Agent | | Date | |
| Election Can | npaign Financing Trust Fu | nd Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | P () Delete RICKETTS, ALLESTA C 3826 PASEO NAVARRA WEST PALM BEACH, FL | 33405 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST () Delete RICKETTS, YVONNE E 3826 PASEO NAVARRA WEST PALM BEACH, FL | 33405 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () Delete RICKETTS, ANDRE 3826 PASEO NAVARRA WEST PALM BEACH, FL | 33405 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () Delete RICKETTS, KANIKA 3826 PASEO NAVARRA WEST PALM BEACH, FL | 33405 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP () Delete RICKETTS, DANIEL 3826 PASEO NAVARRA WEST PALM BEACH, FL | 33405 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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.

SIGNATURE: YVONNE RICKETTS ST 04/14/2008