## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000095090

Entity Name: PALM CRAZY INC

City-St-Zip:

NAPLES, FL 34110

FILED Apr 28, 2006 Secretary of State

y	TALIN CIVIL INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
8388 LAUREL LAKES BLVD. NAPLES, FL 34119		6111 MANCHESTER F NAPLES, FL 34110	6111 MANCHESTER PLACE NAPLES, FL 34110	
Current M	lailing Address:	New Mailing Address	New Mailing Address:	
8388 LAUREL LAKES BLVD. NAPLES, FL 34119		6111 MANCHESTER F NAPLES, FL 34110	6111 MANCHESTER PLACE NAPLES, FL 34110	
FEI Number	: FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
MORRIS, KEVIN J 8388 LAUREL LAKES BLVD NAPLES, FL 34119 US		SEADY, PATRICIA A 6111 MANCHESTER F NAPLES, FL 34110	6111 MANCHESTER PLACE	
	e named entity submits this statement for the of Florida.	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE: PATRICIA A SEADY		04/28/2006	
	Electronic Signature of Registered	Agent	Date	
Election Car	mpaign Financing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete MORRIS, KEVIN J 8388 LAUREL LAKES BLVD NAPLES, FL 34119	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete HAMELL, DEBRA K 6111 MANCHESTER PLACE NAPLES, FL 34110	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delete DIETZ, MICHEAL R 8388 LAUREL LAKES BLVD NAPLES, FL 34119	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T () Delete SEADY, PATRICIA A 6111 MANCHESTER PLACE	Title: Name: Address:	( ) Change ( ) Addition	

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

City-St-Zip:

SIGNATURE: DEBRAK HAMELL VP 04/28/2006