2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED DOCUMENT # P05000104557 Mar 21, 2007 08:00 AM Secretary of State PALM BEACH PARKING AND TRANSPORTATION SERVICES, INC. Principal Place of Business Mailing Address 4781 N CONGRESS AVE 4781 N CONGRESS AVE **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 20-3332177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOYCE, DENNIS M 480 MAPLEWOOD DRIVE #5 Street Address (P.O. Box Number is Not Acceptable) JUPITER FL 33458 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete HILL Change Addition GEARY, ERIC VAN JR NAM NAML 4781 N CONGRESS AVE STE 167 STREET LADDRESS STRUCT ADDRESS **BOYNTON BEACH FL 33426** CHY-ST-ZIP CHY-SI-70 11111 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS U00000673881 CHY-SI-2IP CITY-S1-ZIP 03/29/07-80047-003 150.00 Delete 🗔 Addfäwli 11111 ijŢţĒ □ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7IP THE ☐ Delete HTLE. ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7P CITY-SI-ZIP HHE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-SI-ZIP CHY-SI-ZIP HILE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-SI-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos, 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 eath; 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.

OF SIGNING OFFICER OR DIRECTOR