2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004829

Entity Name: THE PALMS OF BELLEAIR DEVELOPMENT, INC.

Electronic Signature of Registered Agent

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
1433 SOUTH ST. HARRISON AVE SUITE D CLEARWATER, FL 33756		231 INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770		
Current Mailing Address:		New Mailing Address:		
1433 SOUTH ST. HARRISON AVE SUITE D CLEARWATER, FL 33756		P.O. BOX 514 INDIAN ROCKS BEACH, FL 33785		
FEI Number: 20-4099738 FEI Number A	pplied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address o	Name and Address of New Registered Agent:	
STANLEY, BRYAN J 114 TURNER STREET CLEARWATER, FL 33756 US				
The above named entity submits this stain the State of Florida.	atement for the pu	urpose of changing its registered	d office or registered agent, or both,	

Title:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

() Delete

CLEARWATER, FL 33756

OFFICERS AND DIRECTORS:

SIGNATURE:

Title:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BELLEAIR BLUFFS, FL 33770

(X) Change () Addition

Date

DANIELSON, BRUCE DANIELSON, BRUCE Name: Name: 1433 SOUTH ST. HARRISON AVE SUITE D 231 INDIAN ROCKS ROAD Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: BELLEAIR BLUFFS, FL 33770 Title: () Delete Title: (X) Change () Addition STOBER, ERIC Name: STOBER, ERIC Name: Address: 1433 SOUTH ST. HARRISON AVE SUITE D Address: 231 INDIAN ROCKS ROAD CLEARWATER, FL 33756 BELLEAIR BLUFFS, FL 33770 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: ZUCKERMAN, RALPH Name: ZUCKERMAN, RALPH 1433 SOUTH ST. HARRISON AVE SUITE D Address: 231 INDIAN ROCKS ROAD Address:

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: BRUCE DANIELSON D 04/30/2007