

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-06-2007 90025 014 ***150.00

DOCUMENT # P06000007096 1. Entity Name PALMERA HOLDINGS, INC.					
Principal Place of Business 19321 US HWY 19 N. C-320-606 CLEARWATER, FL 33764			Mailing Address 19321 US HWY 19 N. C-320-606 CLEARWATER, FL 33764		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. BLDG C, STE 606		Suite, Apt. #, etc. BLDG C, STE 606			
City & State		City & State			
Zip	Country	Zip	Country	03232007 Chg-P CR2E034 (12/06)	
4. FEI Number 84-1688506				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAREY, M P III 19321 US HWY 19 N C-320-606 CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name DALE TWARDOWSKI Street Address (P.O. Box Number is Not Acceptable) 19321 US HWY 19 N BLDG C STE 606 City CLEARWATER FL Zip Code 33764		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Dale Twardowski</i></u> Signature, typed or printed name of registered agent and fee if applicable (NOTE: How/State Agent signature required when "reinstating")				DATE 4-2-07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CAREY, M P III 19321 US HWY 19 N., C-320 CLEARWATER, FL 33764	☒ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale Twardowski

4-2-07

727-536-7900