2007 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P06000087102

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTEDS AND OF SIGNING OFFICER OR DIRECTOR



May 09, 2007 8:00 am Secretary of State 05-09-2007 90092 018 ***150.00 1. Entity Name TREASURE COAST PARKING AND TRANSPORTATION MANAGEMENT, INCORPORATED Principal Place of Business Mailing Address 40100 4521 PGA BLVD., PMB 220 4521 PGA BLVD., PMB 220 PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 20-8697846 Not Applicable Country Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GEARY, JR., ERIC V Street Address (P.O. Box Number Is Not Acceptable) 4521 PGA BLVD., PMB 220 PALM BEACH GARDENS, FL 33418 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ' ☐ Delete TITLE ☐ Change ☐ Addition GEARY, JR., ERIC V NAME -NAME 4521 PGA BLVD., PMB 220 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS, FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CFTY-ST-ZiP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

ck#10584

561-307-3182

3-24-00