


FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90053 021 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000091357			
1. Entity Name PALM LIVING MAGAZINES, INC.			
Principal Place of Business 1217 NW 11 TERRACE CAPE CORAL, FL 33993 US		Mailing Address 1217 NW 11 TERRACE CAPE CORAL, FL 33993 US	
2. Principal Place of Business - No P.O. Box # 13300-56 S. Cleveland Ave		3. Mailing Address 13300-56 S Cleveland Ave.	
Suite, Apt. #, etc. Suite 128		Suite, Apt. #, etc. Suite 128	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33907	Country USA	Zip 33907	Country USA
6. Name and Address of Current Registered Agent TORRES, EMIL 1217 NW 11 TERRACE CAPE CORAL, FL 33993		7. Name and Address of New Registered Agent Name Bolanos Truxton, PA Street Address (P.O. Box Number is Not Acceptable) 12800 University Drive, Suite 350 City Fort Myers FL Zip Code 33907	
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>Cress S Truxton</i></u> DATE <u>2/9/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 CORVELLO, CHRISTINE 12630 EQUESTRIAN CIRCLE #1804 FORT MEYERS, FL 33907 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T Corvello, Christine 13300-56 S. Cleveland Ave., Suite 128 Fort Myers, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, EMIL 1217 NW 11 TERRACE CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, VALERIE 1217 NW 11 TERRACE CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Christine Corvello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2-9-07</u> <small>Daytime Phone #</small>	

40021556



02062007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5173649 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required