

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050932

FILED  
Mar 17, 2011  
Secretary of State

Entity Name: 12PALMS RECOVERY INC.

## Current Principal Place of Business:

3203 NE MAPLE AVE  
JENSEN BEACH, FL 34957 US

## New Principal Place of Business:

## Current Mailing Address:

3203 NE MAPLE AVE  
JENSEN BEACH, FL 34957 US

## New Mailing Address:

FEI Number: 26-2661527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOL, MAUREEN E  
2904 SE PIER ST  
PORT ST LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: COOL, MAUREEN E PRES  
Address: 3203 NE MAPLE AVE  
City-St-Zip: JENSEN BEACH, FL 34957 US

Title: VP  
Name: COOL, MAUREEN E VP  
Address: 3203 NE MAPLE AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: SEC  
Name: COOL, MAUREEN E SEC  
Address: 3203 NE MAPLE AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: TREA  
Name: COOL, MAUREEN E TREASUR  
Address: 3203 NE MAPLE AVE  
City-St-Zip: JENSEN BEACH FL, FL 34957

Title: DIRE  
Name: COOL, MAUREEN E DIRECTO  
Address: 3203 NE MAPLE AVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: DIRE  
Name: COOL, MAUREEN E DIRECTO  
Address: 3203 NE MAPLE AVE  
City-St-Zip: JENSEN BEACH, FL 34957

I hereby 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 all other like empowered.

SIGNATURE: RONALD WINN

VP

03/17/2011

Electronic Signature of Signing Officer or Director

Date