

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90189 008 \*\*\*150.00

<b>DOCUMENT # P93000001765</b>					
<b>1. Entity Name</b> WPALM, INC.					
<b>Principal Place of Business</b> 1929 ALLEN PARKWAY 9TH FLOOR, # 2934 HOUSTON, TX 77019 US			<b>Mailing Address</b> 1929 ALLEN PARKWAY 9TH FLOOR DEPT 2934 HOUSTON, TX 77019 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0379645	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  THE PRENTICE HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P LONBINO, NOBLE L 1929 ALLEN PKWY HOUSTON, TX 77019	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VP TIMOTHY J. CLAIBORNE 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX 77019	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T EVANS, MARK 1929 ALLEN PKWY HOUSTON, TX 77019	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S MARSHA, JUDITH M 1929 ALLEN PKWY., 9TH FLOOR HOUSTON, TX 77019	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D LONGINO, NOBLE L 1929 ALLEN PKWY HOUSTON, TX 77019	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D MARSHALL, JUDITH M 1929 ALLEN PKWY HOUSTON, FL 77019	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	T KEVIN J. GRAJEK 1929 ALLEN PARKWAY HOUSTON TX 77019				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Kevin J. Grajek</i> <b>TREASURER</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <i>4/19/07</i> Daytime Phone #: <i>713-522-5141</i>					