2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006
Secretary of State

DOCUMENT# P94000087306

Entity Name: PALM PLACE PROPERTIES, INC.

Current Principal Place of Business:

1800 OLD OKEECHOBEE ROAD
SUITE 203
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1800 OLD OKEECHOBEE ROAD
SUITE 200
WEST PALM BEACH, FL 33409

Current Mailing Address:

1800 OLD OKEECHOBEE ROAD
SUITE 203
WEST PALM BEACH, FL 33409

New Mailing Address:

P.O. BOX 16008
WEST PALM BEACH, FL 33416

FEI Number: 65-0546784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PALADINO, RICHARD ATTY
505 S FLAGLER DRIVE
SUITE 1330
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

COHN, BENNETT ATTY
1806 OLD OKEECHOBEE ROAD
WEST PALM BEACH, FL 33409 US

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: BENNETT COHN 04/10/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUSSELL, DONALD F
Address: 1800 OLD OKEECHOBEE RD
City-St-Zip: WEST PALM BEACH, FL

Title: VP ( ) Delete
Name: RUSSELL, MARY T
Address: 1800 OLD OKECHOBEE RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Delete
Name: SWEARINGEN, SHELLEY
Address: 1800 OLD OKEECHOBEE RD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S (X) Delete
Name: SWEARINGEN, JOHN C
Address: 1800 OLD OKEECHOBEE RD
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SWEARINGEN, JOHN C
Address: 1800 OLD OKEECHOBEE RD, STE 200
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP (X) Change ( ) Addition
Name: SWEARINGEN, SHELLEY M
Address: 1800 OLD OKECHOBEE RD, STE 200
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN C SWEARINGEN PRES 04/10/2006
Electronic Signature of Signing Officer or Director Date