

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

2007 MAY 18 P 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272007 Chg-P CR2E034 (12/06)

DOCUMENT # P95000032146			
1. Entity Name PALBECO INC.			
Principal Place of Business 16750 KNIGHTSBRIDGE LN DELRAY BCH, FL 33484 US		Mailing Address 2665 SO. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133 US	
2. Principal Place of Business - No P.O. Box # 2665 S. Bayshore Drive		3. Mailing Address	
Suite, Apt. #, etc. Suite 703		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33133	Country USA	Zip	Country
4. FEI Number 65-0593650		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORDL CORPORATE SERVICES, INC 2665 SO. BAYSHORE DRIVE SUITE 703 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name World Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive, Suite 703 City Miami, FL Zip 33133	
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>Timothy D. Richards</i></u> Timothy D. Richards, President DATE 4/27/07 <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	AS RICHARDS, TIMOTHY D. 2665 S. BAYSHORE DR, SUITE 703 MIAMI, FL <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	DPS RIEKER, BIRGIT 16750 KNIGHTSBRIDGE LANE DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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>Timothy D. Richards</i></u> Timothy D. Richards DATE 4/27/07 (305) 858-9900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			