

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000080637

FILED
Apr 29, 2005
Secretary of State

Entity Name: PALM BEACH LIFESTYLES REALTY, INC.

Current Principal Place of Business:

1000 ROYAL PALM WAY
BOCA RATON, FL 33432 US

New Principal Place of Business:

350 CAMINO GARDENS BLVD.
#300
BOCA RATON, FL 33432 US

Current Mailing Address:

160 W CAMINO REAL
#227
BOCA RATON, FL 33432 US

New Mailing Address:

FEI Number: 65-0657474 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOOD, SYLVIA
1000 ROYAL PALM WAY
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOOD, WEMFORD ;
Address: 160 W. CAMINO REAL #227
City-St-Zip: BOCA RATON, FL 33432 US

Title: VD () Delete
Name: HOOD, SYLVIA
Address: 1000 ROYAL PALM WAY
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOOD, WENFORD ;
Address: 160 W. CAMINO REAL #227
City-St-Zip: BOCA RATON, FL 33432 US

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 Section 119.07(3)(i), 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: SYLVIA HOOD

VP

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date