2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000068092

Entity Name: VISIT PALM BEACH, INC.

BADINI, JOSEPH M

1281 HERALD ROAD

PORT SAINT LUCIE, FL 34953

Name:

Address:

City-St-Zip:

FILED May 04, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1405 NORTH KILLIAN DR. LAKE PARK, FL 33403 **Current Mailing Address: New Mailing Address:** 1405 NORTH KILLIAN DR. LAKE PARK, FL 33403 US FEI Number: 65-0709631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MAROZZI, BRIAN J 400 GREÉNBRIAR DR. US KELSEY CITY, FL 33403 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MAROZZI, BRIAN J Name: Name: 400 GREENBRIAR DR. Address: Address: City-St-Zip: KELSEY CITY, FL 33403 City-St-Zip: VΡ Title: Title: () Delete (X) Change () Addition Name: LOWRY, TROY Name: LOWRY, TROY 5450 NORTH WEST DOLLY COURT 10400 SOUTH WEST FIDDLERS WAY Address: Address: PORT SAINT LUCIE, FL 34986 PALM CITY, FL 34990 City-St-Zip: City-St-Zip: Title: (X) Change () Addition SEC () Delete Title: SEC PAYNE, SEAN M SANDELL, SEAN L Name: Name: 520 SOUTH LYRA CIRCLE 112 BRAVADO LANE Address: Address: City-St-Zip: JUNO BEACH, FL 33404 City-St-Zip: PALM BEACH SHORES, FL 33404 Title: **TRES** () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN MAROZZI **PRES** 05/04/2007