


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000081504</b> 1. Entity Name <b>PALM TREE COMPUTER SYSTEMS, INC.</b>	
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Principal Place of Business <b>119 N CENTRAL DRIVE OVIEDO, FL 32765 US</b>	Mailing Address <b>119 N CENTRAL DRIVE OVIEDO, FL 32765 US</b>
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**DO NOT WRITE IN THIS SPACE**

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3402631</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ROSARIUS, PAUL 680 NEILE CT. OVEIDO, FL 32765</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ROSARIUS, PAUL M 680 NEILE CT OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVP ROSARIUS, CYNTHIA G 680 NEILE COURT OVIEDO, FL 32765</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ROSARIUS, CYNTHIA G 680 NEILE COURT OVIEDO, FL 32765</b>
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05/13/08-80071-024-150.00

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>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>4-21-08</b> Date	<b>407-796-5108</b> Daytime Phone #
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