
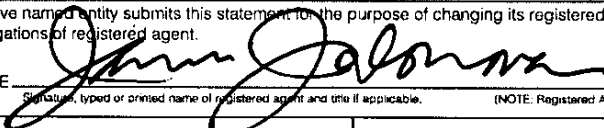
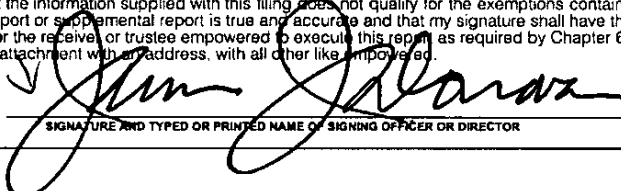


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90416 025 \*\*\*150.00

<b>DOCUMENT # P98000001818</b> 1. Entity Name <b>DONOVAN INVESTMENT CORP.-PALM BEACH</b>			
Principal Place of Business <b>3830 JOG RD LAKE WORTH, FL 33467 US</b>		Mailing Address <b>3830 JOG RD LAKE WORTH, FL 33467 US</b>	
2. Principal Place of Business <b>3046 S. CONGRESS AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>3046 S. CONGRESS AVE</b> Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>	
Zip <b>33461</b>	Country	Zip <b>33461</b>	Country
4. FEI Number <b>65-0803338</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DONOVAN, JAMES J 3830 JOG RD LAKE WORTH, FL 33467</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3046 S. CONGRESS AVE</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33461</b>	
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  DATE <b>4-25-06</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DONOVAN, JEANNE M 3830 JOG RD LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DONOVAN, JAMES J 3830 JOG RD LAKE WORTH, FL 33467	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3046 S. CONGRESS AVE LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3046 S. CONGRESS AVE LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3046 S. CONGRESS AVE LAKE WORTH, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3046 S. CONGRESS AVE LAKE WORTH, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3046 S. CONGRESS AVE LAKE WORTH, FL 33461	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 		Date <b>4-25-06</b> Daytime Phone # <b>561-641-2500</b>	