2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000013387

Entity Name: PALM BEACH WOOD PRODUCTS, INC.

FILED Feb 19, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
20125 SR 80 LOXAHATCHEE, FL 33470					
Current Mailing Address:			New Mailing Address:		
P.O. BOX 700 LOXAHATCHEE, FL 33470					
FEI Number: 6	55-0822644	FEI Number Applied For () FEI Num	nber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
BRANDENBURG, GARY M 222 LAKEVIEW AVENUE SUITE 1400 WEST PALM BEACH, FL 33401 US					
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DV () E RIONDA, HENRY P.O. BOX 264 BELLE GLADE, F		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E PHILLIPS, W.T. 6921 WILLBANK KNOXVILLE, FL	S ROAD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PHILLIPS, W.T. JR. 6921 WILBANKS ROAD KNOXVILLE, FL 37913	
Title: Name: Address: City-St-Zip:	DP () E TOMUEU, ENRIG PO BOX 700 LOXAHATCHEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E KLEIN, MICHAEL P O BOX 626 CORTE MADRA,		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E MCCULLEY, LES 6921 WILLBANK KNOXVILLE, TN	S RD	Title: Name: Address: City-St-Zip:	D (X) Change () Addition MCCULLEY, LESA 6621 WILLBANKS RD KNOXVILLE, TN 37913	
Title: Name: Address: City-St-Zip:	S () E MCMULLEN, PAT 6921 WILLBANK KNOXVILLE, TN	S ROAD	Title: Name: Address: City-St-Zip:	S (X) Change () Addition MCMULLEN, PATRICK J 6621 WILLBANKS ROAD KNOXVILLE, TN 37913	

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

SIGNATURE: J.PATRICK MCMULLEN S 02/19/2007