## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2006 08:00 AM Secretary of State

THE PALM TREE CONNECTION, INC.  Walling Accress 1177 GEORGE BUSH BOULEVARD 1177 GEORGE BUSH BUVD 117	DOCU	MENT # P9800002286	84	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, }				
1177 GEORGE BUSH BOULEVARD #101 DELRAY BEACH, FL 33483  DO NOT WRITE IN THIS SPACE  1. Fen Number and Address of Gurveri Registered Agent  TIERNAN, WS 1177 GEORGE BUSH BOULEVARD #101 DELRAY BEACH, FL 33483  DO NOT WRITE IN THIS SPACE  8. The above neemed entity submits this abtenerate for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I are tambitar wich, end except the objective of registered agent of registered agent.  8. The above neemed entity submits this abtenerate for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I are tambitar wich, end except the objective of registered agent agent.  8. The above neemed entity submits this abtenerate for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I are tambitar wich, end except the object of registered agent.  8. The above neemed entity submits this abtenerate for the purpose of changing its registered office or registered agent. or both, in the State of Florids. I are tambitar wich and except the object of registered agent.  8. The above neemed entity submits above the florids. I are tambitar wich and except the object of registered agent. Only, in the State of Florids. I are tambitar wich and except the object of registered agent.  9. Election or registered agent.  10. Pagent Agent Ag									
DO NOT WRITE IN THIS SPACE    O4242006 No Clug-P CR26204 (11/06)	Principal Plac	e of Business A	failing Address	<del>}</del>	-				
DO NOT WRITE IN THIS SPACE    Application	· · · · · · · · · · · · · · · · · · ·								
DO NOT WRITE IN THIS SPACE  4. FEI Number 65-0621992 No. ChgP. CR2E034 (11/05)  4. FEI Number 65-0621992 No. ChgP. CR2E034 (11/05)  5. Name and Address of Current Registered Agent  TIERNAN, W.S.  11/17 GEORGE BUSH BOULEVARD  7/10 Above named army submits the statement for the purpose of changing its registered office or registered agent. This SPACE  8. The above named army submits the statement for the purpose of changing its registered office or registered agent. Or both, in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent.  8. The Above named army submits the statement for the purpose of changing its registered office or registered agent. Or both, in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent.  8. The November of the statement for the purpose of changing its registered office or registered agent. Or both, in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent. Or both, in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent. Or both, in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent. Or both, in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent. Or both in the State of Fluids. I am familiar wich, and accept. The obligations of registered agent. Or both in the State of Fluids. I am familiar wich and accept. The obligations of registered agent. Or both in the State of Fluids. I am familiar wich and accept. The obligations of registered agent. Or both in the State of Fluids. The obligations of Fluids.					}				
DO NOT WRITE IN THIS SPACE  4. FET Number 1	DELINI OLN	lon, FL 33403	DELRAT DEAGN, IE 33463						
DO NOT WRITE IN THIS SPACE  4. FENANTHOIR 65-0821992 IN INA Applicable 65-0821992 IN IN IN IN INC. SPACE  1177 GEORGE BUSH BOULEVARD H101 DELRAY BEACH, FL 33483  DO NOT WRITE IN THIS SPACE  9. The above named entity submits this sistement for the purpose of changing its registered diffice or registered agent, or both, in the Siste of Funds. I am familiar with, and accept the objections of registered agent of the purpose of changing its registered diffice or registered agent, or both, in the Siste of Funds. I am familiar with, and accept the objection of registered agent and the funds of purpose of changing its registered diffice or registered agent, or both, in the Siste of Funds. I am familiar with, and accept the objection of registered agent, or both, in the Siste of Funds. I am familiar with, and accept the objection of registered agent, or both, in the Siste of Funds. I am familiar with, and accept the objection of registered agent, or both, in the Siste of Funds. I am familiar with, and accept the objection of registered agent, or both, in the Siste of Funds. I am familiar with, and accept the funds of registered agent, or both, in the Siste of Funds and the									
8. Name and Address of Current Registered Agent  TIERNAN, W S  TIERNAN, W S  TIERNAN, W S  TITT GEORGE BUSH BOULEVARD  #101  DELRAY BEACH, FL 33483  8. The above named energy submits this anterment for the purpose of Changing its registered office or registered agent, or both, in the State of Fluxida. I am familiar with, and society the obligations of registered agent a	DO NOT WRITE IN THIS SPAC				4. FEI Numb		CKZEUJ4 (	<del></del>	
S. Name and Address of Current Registered Agent  TIERNAN, W S 1177 GEORGE BUSH BOULEVARD #101 DELRAY BEACH, FL 33483  SIGNATURE  Souther loaded or pristing of registered agent for the purpose of changing its registered office or registered agent, or both, in the State of Fluida. Tem familiar with, and accept the obligations of registered agent  SIGNATURE  Souther loaded or pristing of registered agent  FELE NOWTH FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00  TO.  OFFICERS AND DIRECTORS  UG0000535401  DS /08/06-80050-016 158.73  TILL WY  MAK SIREL ARANES, BARRY  OF SO NIV B1ST TERRACE  OFFICERS AND DIRECTORS  UTTY GEORGE BUSH BLVO. OTT ST AP  DELRAY BEACH, FL 33483  THE  MAK SIREL ARANES  OTTY ST AP  DO NOT WRITE  IN THIS SPACE  UG0000535401  STREL ARANES  OTTY ST AP  DO NOT WRITE  IN THIS SPACE  1/11  IN THI							\$8.	<del></del>	
### PS   CFF (CERS AND DIFFE TORS)  ### PS   CFF (CERS AND DIFFE T		5. Name and Address of Current Regi	stered Agent		3. Celuicate	O Status Desired	Feel	Required	
### PS   CFF (CERS AND DIFFE TORS)  ### PS   CFF (CERS AND DIFFE T	TIERNAN, WS				חח	NOT W	DITE		
BELLANDES STACE  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 terrilliar with, and accept, the obligations of registered agent agent or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida. I am terrilliar with, and accept, the obligations of registered agent, or both, in the State of Florida	1177 GEORGE BUSH BOULEVARD			}					
SIGNATURE    Signature   True bulgations of registered agent and the flaceholder   RACT   Regarded Agent analysis and the registered agent and the flaceholder   RACT   Regarded Agent analysis and the registered agent and the flaceholder					IN T	THIS SP	ACE		
FILE NOWRIT FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution  OFFICERS AND DIRECTORS  102  PS LARAMEE, BARRY SIRELI AURIES CITY-SI-ZP FARKLAND, FL 33067  103  104  TERNAN, W. SCOTT SIRELI AURIES CITY-SI-ZP 107  108  SIRELI AURIES SIRELI A									
ARTER May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  101. LARAMEE, BARRY SIREL AGRESS GFS NW BIST TERACE PARKLAND, FL 33067  1177 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483  1011- 1177 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483  1011- 1012  1014  MAM. SIREL AGRESS GIFY-SI-2P  1015 SIREL AGRESS GIFY-SI-2P  1016 THE MAM. SIREL AGRESS GIFY-SI-2P  1017 SI-2P  1018  1	SIGNATURE								
ARTER May 1, 2006 Fee will be \$550,00 Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS    10. LARAMEE, BARRY    100.0000535401    105/08/06-80050-016 158.7!  1014    105/08/06-80050-016 158.7!  1014    1015/08/06-80050-016 158.7!  1015/08/06-80050-016 158.7!  1016    1017 ST-2P    1018    1018    1019 ST-2P    1019 ST-2P    1010    1011 ST-2P    1012    1013 ST-2P    1014    1015 ST-2P    1016    1017 ST-2P    1018    1018    1019 ST-2P    1019 ST-2P    1010    1011 ST-2P    1012    1013 ST-2P    1014    1015 ST-2P    1016 ST-2P    1017 ST-2P    1018    1018 ST-2P    1019 ST-2P    1010 NOT WRITE    1011 ST-2P    1011 ST-2P    1012    1014 ST-2P    1015 ST-2P    1016 ST-2P    1016 ST-2P    1017 ST-2P    1018 ST-2P    1018 ST-2P    1018 ST-2P    1019 ST-2P    1019 ST-2P    1010 NOT WRITE    1011 ST-2P    1012 IN THIS SPACE    1018 ST-2P    1019 ST-2P    1019 ST-2P    1010 NOT WRITE    1011 ST-2P    1012 IN THIS SPACE    1018 ST-2P    1019 ST-2P	Signature: typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling)  DATE								
INLE MAKE LARAMEE, BARRY SIREL ADDRESS CITY-SI-ZIP PARKLAND, FL 33067  VILE THERNAN, W. SCOTT TITE BACK CITY-SI-ZIP DO NOT WRITE INT SIREL ADDRESS CITY-SI-ZIP THE NAME SIREL ADDRESS CITY-SI-ZIP THE REPORT OF THE PROPERTY OF THE ADDRESS OF THE STATE PEDAL BETWEEN THE INformation supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes, I further certify that the information information of the corporation of the proceeder of the received by carefully share the same teppal effect as it made under oath, filing 1 am an officer or direct of the corporation of the procedure of the received by Chapter 607, Florida Statutes, and that mry name appears in Biock, if or Block 11 if	FIL After Ma	E NOWRI FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00			5.00 May Be dded to Fees				
LARAMEE, BARRY 6750 NW B1ST TERACE 675 NW B1ST TERA			CTORS	1	<del></del>				
SIREL ADDRESS OTY-SI-ZP PARKLAND, FL 33067  TITLE THERNAN, W. SCOTT SIREL ADDRESS OTY-SI-ZP DO NOT WRITE INTERNAN SIREL ADDRESS OTY-SI-ZP TITLE SIREL ADDRES				į		<b>U0</b> 00	30053540	1	
THE NAME.  THERNAN, W. SCOTT SHEET ADDRESS 1177 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483  THE NAME.  SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE PROPERTY OF THE NAME STEALERS AND THE NAME SHEET ADDRESS CHY-S1-ZP  THE NAME.  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAME.  THE NAME.  THE NAME. SHEET ADDRESS CHY-S1-ZP  THE NAM	_	1		Į		05/08/0	06-80050	-016 158.7	
TIERNAN, W. SCOTT SIRES ADJUNESS CITY-ST-ZP DELRAY BEACH, FL 33483  DO NOT WRITE INT THIS SPACE  INT THIS SPACE  INTEL ADJUNESS CITY-ST-ZP  INTEL MAME SIRES ADDURESS CITY-ST-ZP  INTEL MAME INTER MAME INTEL MAME	CHY-ST-ZIP	<del></del>		]				:	
SIRELY ADDRESS CITY-ST-ZP DO NOT WRITE IN THIS SPACE  THLE MANE SIRELY ADDRESS CITY-ST-ZIP THE MANE MANE SIRELY ADDRES		[ · · ·		1					
DO NOT WRITE INTE INTE INTE INTE INTE INTE INTE I		•		ł					
DO NOT WRITE INTEL ADDRESS CITY-51-2IP TITLE NAME SIRELY ADDRESS CITY-	CITY-ST-ZIP	DELRAY BEACH, FL 33483	·	1					
DO NOT WRITE IN THIS SPACE  THE IN THIS SPACE  THE INTERPORTS  CITY-ST-ZP  THE  NAME SIRELI ADDRESS CITY-ST-ZP  THE  NAME SIRELI ADDRESS CITY-ST-ZP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Stelutes, 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 begal effect as it made under out, that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Stelutes, and that my rame appears in Block 10 or Block 11 if				1					
IN THIS SPACE  INT SPACE  INTEL ADDRESS CITY-ST-ZIP  INTEL MAME SIRELI ADDRESS CITY-ST-ZIP  INTEL MAME SIRELI ADDRESS CITY-ST-ZIP  111-1  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information inducated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 Brock, 10 or Block, 10 or Block, 10 or Block 10 or Bloc				•	DO	NOT W	المالية والم		
SIREL ADDRESS CITY-ST-ZIP  ITTLE MAME 100 110 110 110 110 110 110 110 110 11	City-St-Zip			l	טט	MOI W	KIIE	;	
SIRELI ADDRESS CITY-ST-ZIP  TITLE MAME SIRELI ADDRESS CITY-ST-ZIP  TITLE MAME SIRELI ADDRESS CITY-ST-ZIP  1111.1  112. I hereby certify that the information supplied with this filling 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 it 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 11 or Block 11 if				Į	IN '	THIS SP	ACE	!	
DITY ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inducated 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 mane appears in Block 10 or Block 11 if				i			_		
NAME SIREE ADDRESS CITY-ST- ZP  SIREE ADDRESS CITY-ST- ZP  1111.  12. I hereby certify that the information supplied with this filling 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 mane appears in Block 10 or Block 11 if	. '			]					
SIRELI ADDRESS CITY-ST-ZIP  INLE NAME SIRELI ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inducated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each, that I am an officer or 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									
CITY-ST-ZIP  STILLE MARKE STILLE ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 it 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 11 If									
NAME  SIRELI ADDRESS  CITY-S1-ZIP  12. I hereby certify that the information supplied with this filling 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 signalure shall have the same legal effect as it 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 11 If				•					
SIREL ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 it 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 11 if	, '		·						
12. I hereby certify that the information supplied with this filling 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 it 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 11 if				ł					
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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				ĺ					
	ind/cated of the cor	l on this report or supplemental report is true poration or the receiver or trustee empowers	and accurate and that my signal of to execute this report as requi	lure shall have th	e same legal elle	ct as it made under o	iath, that I am ar	i officer or director	