

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Jun 19, 2006 8:00 am
Secretary of State

05-02-2006 90148 031 ***150.00

DOCUMENT # P98000030026 1. Entity Name ONE ROYAL PALM, INC.	
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Principal Place of Business 980 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432	Mailing Address 980 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432
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66013340



02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0830596	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COMPARATO, ROBERT 980 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432

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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 reappointing) DATE _____

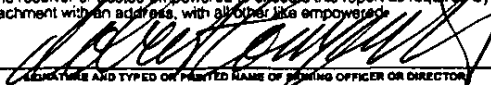
**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COMPARATO, ROBERT 980 N. FEDERAL HWY., SUITE 400 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COMPARATO, MICHAEL 6575 NW 32ND WAY BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D COMPARATO, JEFFREY 8650 2 EAGLE RUN DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

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:  6/12/06
Signature and typed or printed name of signing officer or director Date Daytime Phone #