2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# P98000056847

Entity Name: PALACE OF EMERALD COAST, INC.

Current Principal Place of Business:

960 HWY 98 EAST
102
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

960HWY 98 EAST
102
DESTIN, FL 32541

New Mailing Address:

960 HWY 98 EAST
102
DESTIN, FL 32541

FEI Number: 59-3568370 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZACHARY, HARDER J
960 HWY 98 W.
102
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HERSHKOWITS, CHAIM
960 HWY 98 W.
102
DESTIN, FL 32541 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: CHAIM HERSHKOWITS 01/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: HARDER, ZACHARY J
Address: 960 HWY 98 EAST UNIT 102
City-St-Zip: DESTIN, FL 32541

Title: ST ( ) Delete
Name: HERSHKOWITS, MICHELLE
Address: 960 HWY 98 E. UNIT 102
City-St-Zip: DESTIN, FL 32541

Title: VP (X) Delete
Name: HERSHKOWITS, CHAIM
Address: 960 HWY 98 E. UNIT 102
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HERSHKOWITS, CHAIM
Address: 960 HWY 98 EAST UNIT 102
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHAIM HERSHKOWITS P 01/05/2009
Electronic Signature of Signing Officer or Director Date