


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90057 041 \*\*\*150.00

<b>DOCUMENT # P99000066498</b>	
<b>1. Entity Name</b> PALM BEACH CAPITAL SERVICES GROUP, INC.	

<b>Principal Place of Business</b> 5725 CORPORATE WAY SUITE 101 WEST PALM BEACH, FL 33407	<b>Mailing Address</b> 5725 CORPORATE WAY SUITE 101 WEST PALM BEACH, FL 33407
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94032810

<b>2. Principal Place of Business</b> 700 S Olive Ave Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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01262004 Chg-P CR2E034 (10/03)

<b>City &amp; State</b> WPB, FL	<b>City &amp; State</b>
<b>Zip</b> 33401	<b>Country</b> PB

<b>4. FEI Number</b> 65-0938028	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> ARNOLD, ROBERT 215 SOUTH OLIVE AVENUE WEST PALM BEACH, FL 33401	<b>7. Name and Address of New Registered Agent</b> Name: Gail C. Meyers Street Address (P.O. Box Number is Not Acceptable): c/o McGrath & Meyers PA 5725 Corporate Way #101 City: West Palm Beach FL Zip Code: 33407
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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 or registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD KIRKPATRICK, MICHAEL 5725 CORPORATE WAY, SUITE 101 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, ROBERT J 215 SOUTH OLIVE AVENUE, SUITE 200 WEST PALM BEACH, FL 33401 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Gail C. Meyers 5725 Corporate Way #101 West Palm Beach FL 33407 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Gail C. Meyers **Gail C. Meyers** 3/15/04 **561-684-6604**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #