

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

□□□□□□□□ P99000069025

1. Entity Name

PAULA ANDREA BARRETT SAMMS, INC.



Principal Place of Business

13619 49TH ST.  
WEST PALM BEACH, FL 33411

Mailing Address

PO BOX 211363  
ROYAL PALM BEACH, FL 33421



05012006

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**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0936024

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75**

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6. Name and Address of Current Registered Agent

SAMMS, NOEL W JR  
13619 49TH ST.  
WEST PALM BEACH, FL 33411

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00**

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10. OFFICERS AND DIRECTORS

TITLE

P

NAME

SAMMS, PAULA

STREET ADDRESS

PO BOX 211363

CITY-ST-ZIP

WEST PALM BEACH, FL 33421

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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U000000561930  
05/19/06-80035-003 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/06 561-7198532