

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000081281

FILED
Oct 17, 2005
Secretary of State

Entity Name: EYE OF THE NEEDLE PALM BEACH, INC.

Current Principal Place of Business:

% WM. KAMS-WALDRON H. RAND & CO.
85 NEWBURY STREET
BOSTON, MA 02116

New Principal Place of Business:

313 1/2 WORTH AVENUE
PALM BEACH, FL 33480

Current Mailing Address:

% WM. KAMS-WALDRON H. RAND & CO.
P.O. BOX 191
NEEDHAM HEIGHTS, MA 02494

New Mailing Address:

WALDRON H. RAND & CO.
P.O. BOX 191
NEEDHAM HEIGHTS, MA 02494

FEI Number: 65-0955565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARR, IRENE
43 ST. JAMES DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

STARR, IRENE
162 PALMETTO LANE
WEST PALM BEACH, FL 33405 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: IRENE STARR

10/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GOLOV, KAREN S
Address: 85 NEWBURY STREET
City-St-Zip: BOSTON, MA 02116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GOLOV, KAREN S
Address: 162 PALMETTO LANE
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN S. GOLOV

PTD

10/17/2005

Electronic Signature of Signing Officer or Director

Date