


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000081281 1. Entity Name EYE OF THE NEEDLE PALM BEACH, INC.		
Principal Place of Business 313 1/2 WORTH AVENUE PALM BEACH, FL 33480	Mailing Address WALDRON H. RAND & CO. P.O. BOX 191 NEEDHAM HEIGHTS, MA 02494	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GOLOV, MANUEL S 162 PALMETTO LANE WEST PALM BEACH, FL 33405		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD GOLOV, KAREN S 162 PALMETTO LANE WEST PALM BEACH, FL 33405	
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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: <i>Manuel S. Golov</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>8/18/07</i> Daytime Phone: <i>561-835-0771</i>



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0955565	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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08/23/07-80002-006 550.00