


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90375 007 ***150.00

DOCUMENT # P99000085483	
1. Entity Name PHYL-MAC ENTERPRISES OF PALM BEACH INC.	

Principal Place of Business 3276 S MILITARY TR LAKE WORTH, FL 33463 US	Mailing Address 3276 S MILITARY TR LAKE WORTH, FL 33463 US
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2. Principal Place of Business 8927 HYPOLUXO ROAD	3. Mailing Address 8927 HYPOLUXO ROAD
Suite, Apt. #, etc. A-6	Suite, Apt. #, etc. A-6

City & State LAKE WORTH FL	City & State LAKE WORTH FL
Zip 33467	Country US

40051120



04142006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0952035		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent MACEACHERN, PHYLLIS S 3276 S MILITARY TR LAKE WORTH, FL 33463		
7. Name and Address of New Registered Agent Name PHYLLIS S. MAC EACHERN Street Address (P.O. Box Number is Not Acceptable) 8927 HYPOLUXO ROAD City LAKE WORTH FL Zip Code 33467		

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 *Phyllis MacEACHERN* DATE **4-14-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACEACHERN, PHYLLIS S 3276 S MILITARY TR LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHYLLIS S. MAC EACHERN 8927 HYPOLUXO ROAD LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 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: *Phyllis MacEACHERN* DATE **4-14-06** 561-868-0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR