2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000086520

1. Entity Name

PALMETTO ROAD HOLDINGS, INC.



Principal Place of Business

Mailing Address

50 E SAMPLE ROAD

50 E SAMPLE ROAD

400

DO NOT WRITE IN THIS SPACE

POMPANO BEACH, FL 33064

POMPANO BEACH, FL 33064

FILED Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90208 024 ***150.00

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04122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0961724 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SCHEER, DANA M 50 E SAMPLE ROAD STE 400

SIGNATURE:

POMPANO BÉACH, FL 33064

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 Fiorida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLORESCUE, BARRY 50 E SAMPLE ROAD #400 POMPANO BEACH, FL 33064						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHEER, DANA M 50 E SAMPLE ROAD #400 POMPANO BEACH, FL 33064						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 tustise 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.							

INTED NAME OF SIGNING OFFICER OR DIRECTOR