2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90435 032 ***150.00

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04202006 Chg-P CR2E034 (11/05)

DOCUMENT # S14700

1. Entity Name
PALEN INVESTMENTS CORP.

Principal Place of Business	Mailing Address
323 GLADSTONE BLVD ENGLEWOOD, FL 34223	270 BRIGHTON COURT ENGLEWOOD, FL 34223

2. Principal Place of Business		3. Mailing Address	
270 BRIGHTON COURT			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ENGLEWOOD, FL.		City & State	
Zip: 34223	Country	Zip	Country

4. FEI Number: 65-0237705 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DESMOND, LEN 323 GLADSTONE BLVD ENGLEWOOD, FL 34223	Name: Street Address (P.O. Box Number is Not Acceptable): 270 BRIGHTON COURT City: ENGLEWOOD FL Zip Code: 34223

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 ____________________ DATE
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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DESMOND, LEN 323 GLADSTONE BLVD ENGLEWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 270 BRIGHTON COURT ENGLEWOOD, FL. 34223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DESMOND, PAT 323 GLADSTONE BLVD ENGLEWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 270 BRIGHTON COURT ENGLEWOOD, FL. 34223
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Pat Desmond 4/26/06 941-474-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #