## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78160

Entity Name: PALM BEACH MEDIA GROUP INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1000 N DIXIE HWY

SUITE C

W PALM BEACH, FL 33401 US

Current Mailing Address: New Mailing Address:

11390 12 OAKS WAY 11390 TWELVE OAKS WAY STE 520 STE 520

N PALM BEACH, FL 33408 US N PALM BEACH, FL 33408 US

FEI Number: 65-0286289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POWELL KAREN M. POWELL KAREN M.

11390 12 OAKS WAY # 520 11390 TWELVE OAKS WAY # 520 NORTH PALM BEACH, FL 33408 US NORTH PALM BEACH, FL 33408 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: 04/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: RC ( ) Delete Title: RC (X) Change ( ) Addition

Name: WOODS, RONALD J Name: WOODS, RONALD J

Address: 11390 12 OAKS WAY, STE 520 Address: 11390 TWELVE OAKS WAY, STE 520

City-St-Zip: N PALM BEACH, FL 33408 City-St-Zip: N PALM BEACH, FL 33408

Title: ST ( ) Delete Title: ST (X) Change ( ) Addition

Name: POWELL, KAREN, Name: POWELL, KAREN,

Address: 11390 12 OAKS WAY, #520 Address: 11390 TWELVE OAKS WAY, #520

City-St-Zip: N PALM BEACH, FL City-St-Zip: N PALM BEACH, FL

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TOWLE, JOHN R
 Name:

 Address:
 25 BELLE MEADE
 Address:

 City-St-Zip:
 GROSSE POINTE, MI 48236
 City-St-Zip:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WEHRMAN, WILLIAM R
 Name:

 Address:
 11308 GLEN OAKS COURT
 Address:

 City-St-Zip:
 NORTH PALM BEACH, FL 33408
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 M POWELL ST 04/24/2006