2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN Secretary of State DOCUMENT # H64145 1. Entity Namo PEBWORTH PROPERTIES, INC. Principal Place of Business Mailing Address 125 W INDIAN TOWN RD STE 204 125 W INDIAN TOWN RD STE 204 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number 59-2617138 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo STEINHAUER, DAVID Street Address (P.O. Box Number is Not Acceptable) 125 W INDIAN TOWN RD STE 204 JUPITER FL 33458 City Zip Code 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 Signature, typed or printed name or registered agent and tide c applicable (NOTE: Rugistored Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition HIEF ☐ Delete 15515 STEINHAUER, DAVID NAMI NAME 125 W INDIAN TOWN RD STE 204 SINEL LADDRESS STREET ADDRESS U00000603497 JUPITER FL 33458 CITY ST ZIP OBY SEZIE 01/29/07-80016-012 150.OM ☐ Defete Change Addition HILE 11111 NAM NAM SINEFT ADDRESS SHEEL ADDRESS CITY ST-ZIP CITY ST ZIP Delete Change Addition NAME NAME SIDEL LADDRESS STREET ADDRESS CITY ST ZIP CITY SE ZIP Change ☐ Addition ☐ Datete HH **E**|**E**|**E**| NAM MANG STREET ADDRESS SIDELL ADDRESS CITY-ST-7IP CITY SEZIP ☐ Change ☐ Addition THEF Delete 33131 NAM NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST ZIP ☐ Change ☐ Addition HILE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CHY SE 782 CITY-ST ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental people is trugiand 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 trusting employed of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

561745 5660

Daytime Phone #