

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004146

FILED
Feb 26, 2005
Secretary of State

Entity Name: SEA PEARLS I.R.B.C.A., INC.

Current Principal Place of Business:

1900 BEACH TRAIL
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

PO BOX 618
BAY PINES, FL 33744

New Mailing Address:

FEI Number: 59-3725592

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERCEK, LISA
PO BOX 618
BAY PINES, FL 33744 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRESLOW, STEPHEN P
Address: 93 MARTINQUE AVENUE
City-St-Zip: TAMPA, FL 33606

Title: VD () Delete
Name: VUKOTIC, BRANKO
Address: 1900 BEACH TRAIL PL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD () Delete
Name: BLUM, LUCILLE
Address: 1900 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: SD () Delete
Name: YELVERTON, ROBERT
Address: 1900 BEACH TRAIL
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCILE BLUM

PD

02/26/2005

Electronic Signature of Signing Officer or Director

Date