

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004146

FILED  
Mar 04, 2007  
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  
19455 GULF BLVD.  
INDIAN SHORES, FL 33785 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: D ( ) Delete  
Name: BLUM, LUCILLE  
Address: 1900 BEACH TRAIL  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: PD ( ) 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT YELVERTON

PRES

03/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date