


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90167 020 ***150.00

DOCUMENT # P03000043645	
1. Entity Name PEMBROKE PALMS, INC.	

Principal Place of Business 2787 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	Mailing Address 2787 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306
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14003431

2. Principal Place of Business 2700 West Cypress Creek Rd.	3. Mailing Address 2700 West Cypress Creek Rd.
Suite, Apt. #, etc. Suite D-130	Suite, Apt. #, etc. Suite D-130
City & State Fort Lauderdale, FL 33309	City & State Fort Lauderdale, FL 33309
Zip 33309	Country FL

04102005 Chg-P CR2E034 (10/03)	
4. FEI Number 54-2115880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
TEPPS, JEROME L 2787 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306	

7. Name and Address of New Registered Agent	
Name TEPPS, JEROME L	
Street Address (P.O. Box Number is Not Acceptable) 2700 West Cypress Creek Road	
Suite Suite D-130	
City Fort Lauderdale	Zip Code FL 33309

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 <i>Jerome L Tepps</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4-15-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME TEPPS, JEROME L		NAME	
STREET ADDRESS 2787 EAST OAKLAND PARK BLVD.		STREET ADDRESS 2700 West Cypress Creek Road, Suite D-130	
CITY-ST-ZIP FORT LAUDERDALE, FL 33306		CITY-ST-ZIP Fort Lauderdale, Florida 33309	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Jerome L Tepps</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/15/05 DAYTIME PHONE # 954 563 2812