



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000121623 1. Entity Name PRETTYWORK CHARTERS, INC.	
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Principal Place of Business SAILFISH MARINA SLIP #3 TEQUESTA, FL 33469	Mailing Address 1245 N.W. 13TH AVE. BOYNTON BEACH, FL 33426
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DO NOT WRITE IN THIS SPACE

	
04032008 No Chg-P	CR2E034 (11/05)
4. FEI Number 51-0499607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHOLLENBERGER, IRIS 530 N DOVER ROAD TEQUESTA, FL 33469-2501	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

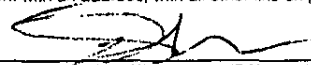
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REA, STEVEN W 523 N DOVER ROAD TEQUESTA, FL 334692501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REA, WILSON 18 SPRINGERS MILL RD CAPE MAY CH, NJ 08210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REA, HELEN 18 SPRINGERS MILL RD CAPE MAY CH, NJ 08210
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U00000845266
05/30/08-80001-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4-25-08 561 315 4568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #