
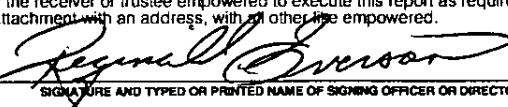


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90036 050 ***150.00

DOCUMENT # P04000049491 1. Entity Name PEACE MEMORIAL CHAPELS, INC.					
Principal Place of Business 467 NE 139TH STREET NORTH MIAMI, FL 33161			Mailing Address 467 NE 139TH STREET NORTH MIAMI, FL 33161		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 68-0614240	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent EVERSON, REGINALD T 467 NE 139TH STREET NORTH MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERSON, REGINALD T 467 NE 139TH STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAISON, ANDREW 11150 SW 196 STREET #D-306 MIAMI, FL 33157	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVERSON, MICHELLE 467 NE 139TH STREET NORTH MIAMI, FL 33161	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHINHOSTER, MAMIE 11364 WASHINGTON BLVD. MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:  <div style="float: right; text-align: right;"> 8/29/05 (305) 981 9411 HM Date Daytime Phone # </div>					

ATTACHMENT

50066251
PO4000049491

August 6, 2005

To: Whom it may concern

From: Mr. Reginald Evers
President of
Peak Memorial Chapel

I'm writing this letter stating I did not receive my prior notice for the profit annual report. I had someone to download it for me and they did not know to check the area stating the notice was not received. I tried to file, on line but it would not go through. I am new at this and could use some assistance.

Thank You Kindly
Reginald Evers
REGINALD EVERS

President

Please feel free to give me a call
at (305) 981 9411 or (786) 262 1336.
if you have any question. Thank you
once again