


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90178 027 ***150.00

DOCUMENT # P04000110387 1. Entity Name THE PEDLARS OVERTURE, INC.					
Principal Place of Business 1134 3RD AVE VERO BEACH, FL 32960-5867			Mailing Address 1134 3RD AVE VERO BEACH, FL 32960-5867		
2. Principal Place of Business 1846 MIDDLE RIVER DR Suite, Apt. #, etc.			3. Mailing Address 1846 MIDDLE RIVER DR Suite, Apt. #, etc.		
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL		4. FEI Number 20-1417310	
Zip 33305		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMAHON, JEFFREY B 1134 3RD AVE VERO BEACH, FL 32960-5867				7. Name and Address of New Registered Agent Name MCMAHON, JEFFREY B Street Address (P.O. Box Number is Not Acceptable) 1846 MIDDLE RIVER DR City FT LAUDERDALE State FL Zip Code 33305	
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 <u>Jeffrey B McMahon</u> <u>J B McMahon</u> <u>April 8, 2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCMAHON, JEFFREY B 1134 3RD AVE VERO BEACH, FL 329605867		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MCMAHON, JEFFREY B 1846 MIDDLE RIVER DR FT LAUDERDALE FL 33305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Jeffrey B McMahon</u> <u>J B McMahon</u> <u>4/8/05</u> <u>954-564-9607</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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