2007 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 07, 2007 08:00 AM Secretary of State **DOCUMENT # P05000144156** 1. Entity Name FORÉVER PEARL, INC. Principal Place of Business Mailing Address 9858 CLINT MOORE ROAD SUITE C-117 9858 CLINT MOORE ROAD SUITE C-117 BOCA RATON, FL 33496 BOCA RATON, FL 33496 No Chg-P CR2E034 (11/05) 01282007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2189071 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FEDER, LAWRENCE H DO NOT WRITE 3900 HOLLYWOOD BLVD, SUITE 103 HOLLYWOOD, FL 33021 IN THIS SPACE 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. the obligations of registered a SIGNATURE e of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITI F ARONESTY, LAINE V PRES. NAME 9858 CLINT MOORE ROAD SUITE C-117 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL. 33496 U00000625481 02/14/07-80077-003 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/0/

Daytime Phone #

FILED