
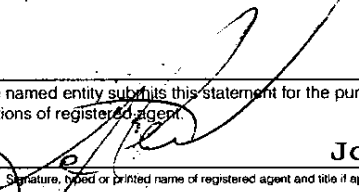
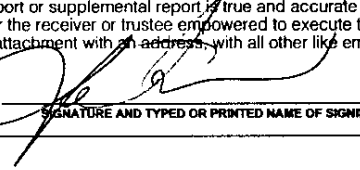


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 003 ***150.00

DOCUMENT # P05000164383 1. Entity Name PEARL RENTALS, INC.			
Principal Place of Business 3598 E. OAK TRACE PATH INVERNESS, FL 34457		Mailing Address PO BOX 188 INVERNESS, FL 34451	
2. Principal Place of Business 3598 E Oak Trace Path <small>Suite, Apt. #, etc.</small>		3. Mailing Address P. O. Box 188 <small>Suite, Apt. #, etc.</small>	
City & State Inverness, FL		City & State Inverness, FL	
Zip 34452	Country USA	Zip 34451-0188	Country USA
4. FEI Number 20-4018126		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 BRADSHAW, R. WESLEY ESQ 209 COURTHOUSE SQUARE INVERNESS, FL 3444-50		7. Name and Address of New Registered Agent Name John F. Wheeler Street Address (P.O. Box Number is Not Acceptable) 3598 E. Oak Trace Path City Inverness FL Zip Code 34452	
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  John F. Wheeler, President 2/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 D WHEELER, JOHN F PO BOX 188 INVERNESS, FL 34451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PVPD John F Wheeler P. O. Box 188 Inverness, FL 34451-0188	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D WHEELER, MARGARET M PO BOX 188 INVERNESS, FL 34451	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP STD Margaret M Wheeler P. O. Box 188 Inverness, FL 34451-0188	<input type="checkbox"/> Change <input checked="" 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
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 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: 		John F. Wheeler, President 2/15/06 (352) 726-0975 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	