2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90382 034 ***150.00

DOCUMENT # P95000035047

1. Entity Name
PEARLS UNLIMITED INC.

14012167

Principal Place of Business	Mailing Address
4727 IRLO BRONSON PKWY KISSIMMEE, FL 34746	1201 HIDDEN HARBOR KISSIMMEE, FL 34746 MAILING ADDRESS — WRONG ADDRESS

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8525 BOWDEN WAY Suite, Apt. #, etc.
City & State	WINDERMERE City & State FLA
Zip / Country	Zip 34786 / Country

4. FEI Number 59-3315194 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANT, G. 1201 HIDDEN HARBOR KISSIMMEE, FL 34746 — No longer mailing address	Name G. SANT Street Address (P.O. Box Number is Not Acceptable) 8525 BOWDEN WAY City WINDERMERE FL Zip Code 34786

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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SANT, DEAN ~~1201 HIDDEN HARBOR LANE~~ 8525 BOWDEN WAY WINDERMERE ~~KISSIMMEE, FL 34746~~ FLA 34786	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: G Sant 4-20-05 407-898-4175
GLORIA SANT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #