


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000046372</b> 1. Entity Name <b>MCPHEARSON'S AMERICAN BREWPUB INC.</b>	
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Principal Place of Business <b>823 FRANKLIN ROAD</b> <b>W PALM BEACH, FL 33405</b>	Mailing Address <b>823 FRANKLIN ROAD</b> <b>W PALM BEACH, FL 33405</b>
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04302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0588482</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KRILL, KATHERINE</b> <b>823 FRANKLIN ROAD</b> <b>W PALM BEACH, FL 33405</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 restoring) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>KRILL, KATHERINE</b> <b>823 FRANKLIN ROAD</b> <b>W PALM BEACH, FL 33405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>HUFFMAN, CHARLES ROBERT</b> <b>823 FRANKLIN RD.</b> <b>WEST PALM BEACH, FL 33405</b>

<div style="position: absolute; top: 10px; right: 10px; text-align: right;">           U00000357883            05/04/05-80091-018 150.00         </div> <b>DO NOT WRITE IN THIS SPACE</b>
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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:** *Katherine Krill* **Katherine Krill** 4/30/05 501-533-9451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR