


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000035482 1. Entity Name PEARL JEWELERS INTERNATIONAL, INC	
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Principal Place of Business 4320 GULF SHORE BLVD. NORTH SUITE 209 NAPLES, FL 34103	Mailing Address 4320 GULF SHORE BLVD. NORTH SUITE 209 NAPLES, FL 34103
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DO NOT WRITE IN THIS SPACE



03082005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3587829	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KANNENSOHN, JEFFREY S 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108-2709	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____

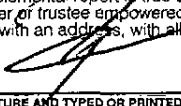
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASTMEIER, NICOLE 4320 GULF SHORE BLVD. NORTH STE 209 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MASTMEIER, BERND 4320 GULF SHORE BLVD. NORTH STE 209 NAPLES, FL 34103
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03/16/05-80039-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3/10/05 Daytime Phone #: 239 403 4367