2007 FOR PROFIT CORPORATION

FILED Apr 27, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000035482 1. Entity Name 04-27-2007 90209 018 ***150.00 PEARL JEWELERS INTERNATIONAL, INC Principal Place of Business Mailing Address 4320 GULF SHORE BLVD. NORTH 4320 GULF SHORE BLVD. NORTH SUITE 209 SUITE 209 NAPLES FL 34103 NAPLES, FL 34103 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 23151 Fashim 23151 foshion Drive #109 Suite, Apt. #, etc 04242007 CR2E034 (12/06) Cha-P Applied For City & State City & State 4. FEI Number Estero 9stero 9c 59-3587829 Not Applicable Zip Country \$8.75 Additional 33928 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KANNENSOHN, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 5801 PELICAN BAY BLVD **STE 300** NAPLES, FL 34108-2709 City Zip Code 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 Signature, typed or printed name of registered agent and tall if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 10. . 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MASTMEIER, NICOLE NAME NAME STREET ADDRESS 4320 GULF SHORE BLVD. NORTH STE 209 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP VT TITLE Delete TITLE ☐ Change Addition MASTMEIER, BERND NAME NAME 4320 GULF SHORE BLVD. NORTH STE 209 STREET ADDRESS STREET ACCRESS CITY-ST-ZIP NAPLES, FL 34103 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS

12. Thereby 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 with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE