


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90073 006 ***150.00

DOCUMENT # P99000050264
 1. Entity Name
PEBWORTH ENTERPRISES, INC.



Principal Place of Business 4400 PGA BOULEVARD SUITE 700 PALM BEACH GARDENS FL 33410	Mailing Address 4400 PGA BOULEVARD SUITE 700 PALM BEACH GARDENS FL 33410
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50018195



1st MOORE CR2E034 (10/04)

2. Principal Place of Business <i>125 W Indiantown Rd</i>	3. Mailing Address <i>125 W Indiantown Rd</i>
Suite, Apt. #, etc. <i>STE 204</i>	Suite, Apt. #, etc. <i>STE 204</i>

City & State <i>JUPITER FL</i>	City & State <i>JUPITER FL</i>
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4. FEI Number 65-0928198	Applied For <input type="checkbox"/> Not Applicable
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Zip <i>33458</i>	Country <i>US</i>	Zip <i>33458</i>	Country <i>US</i>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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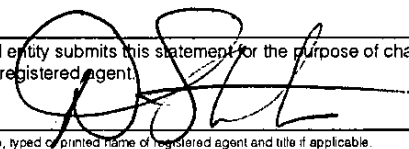
6. Name and Address of Current Registered Agent

STEINHAUER, DAVID
4400 PGA BLVD
#700
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
125 W Indiantown Rd
STE 204
 City
Jupiter **FL** Zip Code
33458

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 *2/17/05*

Signature, typed 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS <input type="checkbox"/> Delete STEINHAUER, DAVID 4400 PGA BLVD. #700 WEST PALM BEACH FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>125 W Indiantown Rd STE 204</i> <i>JUPITER FL 33458</i>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:  DATE *2/17/05* 561 626-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR