


**2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # P01000044590
 1. Entity Name
PERFORMANCE PLUS EUROPE, INC.



Principal Place of Business
**3800 FOWLER STREET #11
 FORT MYERS, FL 33901**

Mailing Address
**3800 FOWLER STREET #11
 FORT MYERS, FL 33901**

2. Principal Place of Business
3800 Fowler Street # 5
 Suite, Apt. #, etc.


3. Mailing Address
912 Alaska Ave
 Suite, Apt. #, etc.

City & State
Lehigh Acres FL

Zip
33971

Country
US

FILED
 05 NOV -2 PM 4: 03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



10192005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1126701

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**FRIEDMAN, JEFFREY
 3800 FOWLER STREET #11
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent
 Name *Jan-Willem Boom*
 Street Address (P.O. Box Number is Not Acceptable)
912 Alaska Ave
 City *Lehigh Acres* **FL** Zip Code *33971*

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 *Jan-Willem Boom* (NOTE: Registered Agent signature required when reinstating) DATE *10-31-2005*

Amended AR is **\$81.25**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST FRIEDMAN, JEFFREY 3800 FOWLER STREET #11 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete
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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	PD Jan-Willem Boom 912 Alaska Ave Lehigh Acres FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061114390 11/02/05--01032--005 **70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jan-Willem Boom* DATE: *10-31-2005 (239)9390510*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #