


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90376 005 ***150.00

DOCUMENT # P02000060490

1. Entity Name
PERFECT PROJECTIONS, INC.



Principal Place of Business
100 NE 39 ST
MIAMI, FL 33137

Mailing Address
PO BOX 370652
MIAMI, FL 33137

2. Principal Place of Business
5600 NW 32nd Ave

3. Mailing Address
 Suite, Apt. #, etc.


City & State
Miami FL

City & State
 Suite, Apt. #, etc.

Zip
33142

Country

40051172



01312006 Chg-P CR2E034 (11/05)

4. FEI Number
54-2072517

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MILAM & HOWARD, P.A.
50 N LAURA ST, STE 2900
JACKSONVILLE, FL 32202

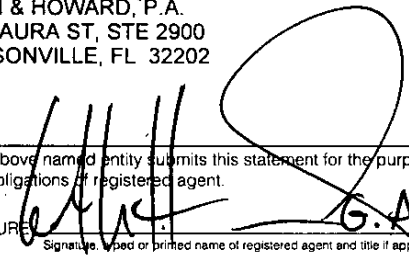
7. Name and Address of New Registered Agent

Milam Howard Nicandri Dees Gillam
 Street Address (P.O. Box Number is Not Acceptable)

208 N Laura St #800

City **Jacksonville** FL Zip Code **32202**

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  **G. Alan Howard, President** DATE **2-14-06**

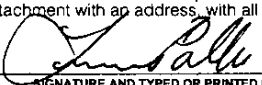
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLLA, LAWRENCE 100 NE 39 ST MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMS, STEVEN H 100 NE 39 ST MIAMI, FL 33137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition

12. I hereby 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 an address, with all other like empowered.

SIGNATURE:  **Lawrence Polla** DATE **4/11/06** DAYTIME PHONE # **3052052711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR