

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000048109

Entity Name: ALL ABOUT PERFECTION, INC.

FILED
Sep 05, 2007
Secretary of State

Current Principal Place of Business:

1710 WADE DR
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1710 WADE DR
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 51-0570620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWAY, JAMES S
1710 WADE DR
CAPE CORAL, FL 33991 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: GREENWAY, JAMES
Address: 1710 WADE DR
City-St-Zip: CAPE CORAL, FL 33991

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: EDSTROM, BOBBI S
Address: 1710 WADE DRIVE
City-St-Zip: CAPE CORAL, FL 33991

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GREENWAY

CEO

09/05/2007

Electronic Signature of Signing Officer or Director

_____ Date