I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSA E MOREY

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** Р Title TRUSTEE GEORGE, BOBBIE J ORMOND FL 32174

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:

Title

Name	MOREY, ROSA E	Name	G
Address	158 TOMOKA AVE	Address	2
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	C
Title	SECRETARY		
Name	DOWNS, CLARENCE W		
Address	126 N. KEECH ST.		
City-State-Zip:	DAYTONA BEACH FL 32114		

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N0900002069

Entity Name: THE PERFECT PLACE-PHASE ONE INC.

Current Principal Place of Business:

158 TOMOKA AVE ORMOND BEACH, FL 32174

Current Mailing Address:

158 TOMOKA AVE ORMOND BCH. FL 30135 US

FEI Number: 90-0513044

Name and Address of Current Registered Agent:

MOREY, ROSA 158 TOMOKA AVE ORMOND BEACH, FL 32174 US

FILED May 11, 2016 Secretary of State CC8952093295

Certificate of Status Desired: No

242 WASHINGTON STREET SOUTH

PRESIDENT

05/11/2016

Date

Date