

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005932

Entity Name: PERR & KNIGHT, INC.

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

881 ALMA REAL DR., #205
205
PACIFIC PALISADES, CA 90272

New Principal Place of Business:

Current Mailing Address:

881 ALMA REAL DR., #205
205
PACIFIC PALISADES, CA 90272 US

New Mailing Address:

FEI Number: 95-4511033

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERR, VICTOR
1200 N FEDERAL HWY, STE 309
BOCA RATON, FL 33432 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: PERR, TIMOTHY B
Address: 881 ALMA REAL DR., SUITE 205
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: D () Delete
Name: PERR, JUDITH D
Address: 881 ALMA REAL DR., SUITE 205
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: SD () Delete
Name: KNIGHT, SCOTT A
Address: 881 ALMA REAL DR., SUITE 205
City-St-Zip: PACIFIC PALISADES, CA 90272

Title: VP () Delete
Name: FERDICO, DEAN
Address: HARBORSIDE FIN CTR PLZ 10 #204
City-St-Zip: JERSEY CITY, NJ 07311

Title: VP () Delete
Name: HOROFF, BRETT
Address: 881 ALMA REAL DR #205
City-St-Zip: PACIFIC PALISADES, CA 90272

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ADDY ANGELICO

P&D

01/25/2008

Electronic Signature of Signing Officer or Director

Date