2005 FOR PROFIT CORPORATION

Mar 07, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # F01000006240 1. Entity Name PERFECT PARTS, INC. Principal Place of Business_ Mailing Address 14378 CYPRESS ISLAND COURT 4701 MASSACHUSETTS AVE. PALM BEACH GARDENS, FL 33410 INDIANAPOLIS, IN 46218 No Chg-P CR2E034 (10/03) 01042005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 35-2042297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BIR, ALLAN DO NOT WRITE 14378 CYPRESS ISLAND COURT PALM BEACH GARDENS, FL 33410 IN THIS SPACE 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 Signature, typed or printed name of registored agent and title if applicable "INOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PS TITLE BIR, ALLAN NAME 000000253487 03/07/05-80036-019 1**50.00** STREET ADDRESS 14378 CYPRESS ISLAND COURT CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE:

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED