2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# F04000000429

Entity Name: PERFECT HEALTH SUPPLIES, INC.

Current Principal Place of Business:

931 ASCAN ST
VALLEY STREAM, NY 11580

New Principal Place of Business:

Current Mailing Address:

6373 N. ORANGE BLOSSOM TRAIL, UNIT B
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 11-3495077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAEES, AMER
6373 N. ORANGE BLOSSOM TRAIL, UNIT B
ORLANDO, FL 32810 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: P ( ) Delete
Name: RAEES, AMER
Address: 6373 N. ORANGE BLOSSOM TRAIL, UNIT B
City-St-Zip: ORLANDO, FL 32810

Title: V ( ) Delete
Name: HAYAT, RIFFAT
Address: 931 ASCAN ST
City-St-Zip: VALLEY STREAM, NY 11580

Title: S (X) Delete
Name: AMER, FARINA
Address: 6373 N. ORANGE BLOSSOM TRAIL, UNIT B
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAEES, AMER
Address: 6373 N. ORANGE BLOSSOM TRAIL, UNIT B
City-St-Zip: ORLANDO, FL 32810 US

Title: M (X) Change ( ) Addition
Name: AMER, FARINA
Address: 6373 N. ORANGE BLOSSOM TRAIL, UNIT B
City-St-Zip: ORLANDO, FL 32810 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: AMER RAEES P 01/15/2007

Electronic Signature of Signing Officer or Director — Date