2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007257

Entity Name: LOUIS PERRY & ASOCIATES, INC.

FILED Jan 10, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

165 SMOKERISE DRIVE WADSWORTH, OH 44281

Current Mailing Address: New Mailing Address:

165 SMOKERISE DRIVE WADSWORTH, OH 44281

FEI Number: 34-1480560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

OFFICERS AND DIRECTORS:

Title: CPD

Name: PERRY, LOUIS B
Address: 434 DOHNER DRIVE
City-St-Zip: WADSWORTH, OH 44281

Title: [

Name: TYLKA, STEPHEN J Address: 821 HIGHLAND AVE. City-St-Zip: WADSWORTH, OH 44281

Title: ST

 Name:
 PERRY, JOAN M

 Address:
 434 DOHNER DRIVE

 City-St-Zip:
 WADSWORTH, OH 44281

Title: OFF

Name: PAYNE, THOMAS R
Address: 165 SMOKERISE DRIVE
City-St-Zip: WADSWORTH, OH 44281 US

Title: OFF

 Name:
 RISSMILLER, RICHARD W

 Address:
 165 SMOKERISE DRIVE

 City-St-Zip:
 WADSWORTH, OH 44281 US

Title: OFF

 Name:
 CALDERONE, JAMES T

 Address:
 165 SMOKERISE DRIVE

 City-St-Zip:
 WADSWORTH, OH 44281 US

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

SIGNATURE: LOUIS B. PERRY PRES 01/10/2011