

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F27534

Entity Name: PERFECT TEMP, INC.

FILED
Jun 06, 2005
Secretary of State

Current Principal Place of Business:

4214 HAMMOND DR NE
WINTER HAVEN, FL 33881 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1736
WINTER HAVEN, FL 338821736 US

New Mailing Address:

FEI Number: 59-2104218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLLINS, ROBERT E.
4214 HAMMOND DRIVE N.E.
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

COLLINS, CHRISTOPHER R.
4214 HAMMOND DRIVE N.E.
WINTER HAVEN, FL 33881 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: CHRISTOPHER R. COLLINS

06/06/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COLLINS, ROBERT E.
Address: 232 RUBY LAKE LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: S () Delete
Name: COLLINS, JULIE A.
Address: 232 RUBY LAKE LN
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COLLINS, CHRISTOPHER, R.
Address: 245 RUBY LAKE LN
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change () Addition
Name: COLLINS, CHRISTOPHER, R.
Address: 245 RUBY LAKE LN
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER R. COLLINS

PD

06/06/2005

Electronic Signature of Signing Officer or Director

Date