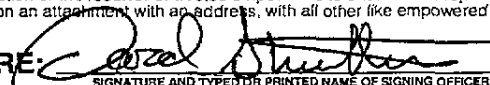


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J47339 1. Entity Name PERFECTION AUTO, INC.			
Principal Place of Business DAVID STRUTHERS 4404 GEORGIA AVENUE WEST PALM BEACH, FL 33405		Mailing Address DAVID STRUTHERS 4404 GEORGIA AVENUE WEST PALM BEACH, FL 33405	
DO NOT WRITE IN THIS SPACE			
4. FEI Number 59-2777495		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STRUTHERS, DAVID 4404 GEORGIA AVENUE WEST PALM BEACH, FL 33405		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000202414 01/28/05-80108-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUTHERS, DAVID 2206 PALMETTO RD. W. PALM BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRUTHERS, BARBARA 2206 PALMETTO RD. W. PALM BEACH, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered			
SIGNATURE:  DAVID STRUTHERS		1/14/05 561-833-5122 Date Daytime Phone	