


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90010 009 \*\*\*150.00

DOCUMENT # J47339  
 1. Entity Name  
 PERFECTION AUTO, INC.



Principal Place of Business Mailing Address  
 DAVID STRUTHERS DAVID STRUTHERS  
 4404 GEORGIA AVENUE 4404 GEORGIA AVENUE  
 WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405

40043300



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 2206 Palmetto Road 2206 Palmetto Road  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State City & State  
 West Palm Bch, FL West Palm Bch., FL  
 Zip Country Zip Country  
 33406 USA 33406 USA

4. FEI Number Applied For  
 59-2777495 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 STRUTHERS, DAVID  
 4404 GEORGIA AVENUE  
 WEST PALM BEACH, FL 33405

7. Name and Address of New Registered Agent  
 Name David Struthers  
 Street Address (P.O. Box Number is Not Acceptable) 2206 Palmetto Road  
 City West Palm Bch. FL Zip Code 33406

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 *David Struthers* DATE 01-12-2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STRUTHERS, DAVID	
STREET ADDRESS	2206 PALMETTO RD.	
CITY- ST- ZIP	W. PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRUTHERS, BARBARA	
STREET ADDRESS	2206 PALMETTO RD.	
CITY- ST- ZIP	W. PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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* DATE 01-12-2007 (561)439-8448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #  
 David Struthers