

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067819

Entity Name: PERFECT IMAGE, LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

369 N. NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789

New Mailing Address:

5827 CARAVAN COURT
ORLANDO, FL 32819

FEI Number: 20-3122805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, DUDLEY Q JR ESQ
GRAHAM, BUILDER, JONES, PRATT & MARKS, LLP
369 NORTH NEW YORK AVENUE, 3RD FLOOR
WINTER PARK, FL 32789 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

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGM () Change (X) Addition
Name: JAIN, ANSHU K
Address: 6240 BUFORD STREET
City-St-Zip: ORLANDO, FL 32835

Title: MGM () Change (X) Addition
Name: JOHNSON, JOHN
Address: 4319 VAUX LINK
City-St-Zip: NEW ALBANY, OH 43054

Title: MGM () Change (X) Addition
Name: SAMADDER, GAUTAM
Address: 1281 POPPY HILLS DRIVE
City-St-Zip: BLACKLICK, OH 43004

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANSHU JAIN

MGM

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date