

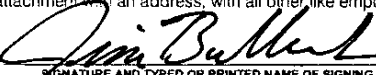


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90166 043 ***158.75

DOCUMENT # P00000021967					
1. Entity Name PERMADECK CORPORATION					
Principal Place of Business 22527 SUNSET AVE., BLDG. 2 PANAMA CITY BEACH, FL 32413-3034			Mailing Address 22527 SUNSET AVE., BLDG. 2 PANAMA CITY BEACH, FL 32413-3034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Same		City & State Same		4. FEI Number 59-3630041	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BULLOCK, JIM 22527 SUNSET AVE., BLDG. 2 PANAMA CITY BEACH, FL 32413-3034			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 			President Jim Bullock 4/27/06 DATE		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME BULLOCK, JIM STREET ADDRESS 22527 SUNSET AVENUE CITY-ST-ZIP PANAMA CITY, FL 32413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same	
TITLE VP NAME BULLOCK, MARINA STREET ADDRESS 22527 SUNSET AVE. CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mariya Latysheva 12338 Chicamauga Trail, Apt C Huntsville, AL 35803	
TITLE T NAME BULLOCK, JIM STREET ADDRESS 22527 SUNSET AVE. CITY-ST-ZIP PANAMA CITY BEACH, FL 324133034	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same	
TITLE S NAME BENNETT, FAYE STREET ADDRESS 35 GULFVIEW DRIVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Same	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Jim Bullock 4/27/06 (850) 319-2195 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					