## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000025018

Entity Name: PERSPECTIVE WORKS, P.A.

FILED Jan 23, 2007 Secretary of State

| Current Principal Place of Business:              |  |  | New Principal Place of Business:            |   |  |
|---|--|--|---|---|--|
|   | RBOR BEND<br>E, FL 33063   |  |   |   |  |
| Current Mailing Address:                          |  |  | New Mailing Address:                        |   |  |
|   | RBOR BEND<br>E, FL 33063   |  |   |   |  |
| FEI Number: 65-1088084 FEI Number Applied For ( ) |  | FEI Number Not Applicable ( )          | Certificate of Status Desired ( )           |   |  |
| Name and Address of Current Registered Agent:     |  |  | Name and Address of New Registered Agent:   |   |  |
| 6372 HAR<br>MARGATI<br>The above                  | NO, GASPARE<br>RBOR BEND<br>E, FL 33063<br>e named entity to of Florida. | US<br>submits this statement for the p | ourpose of changing its registere           | d office or registered agent, or both,      |  |
| SIGNATU   | RE:  |  |   |   |  |
|   | Electror   | ic Signature of Registered Ag          | ent   | Date  |  |
| Election Ca                                       | mpaign Financin  | g Trust Fund Contribution ( ).         |   |   |  |
| OFFICERS AND DIRECTORS:                           |  |  | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | VALENTINO, G<br>6372 HARBOR  | BEND                                   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                     |  |
| Title:<br>Name:<br>Address:<br>Citv-St-Zip:       | VALENTINO, D<br>1500 N. OCEA   |  | Title:<br>Name:<br>Address:<br>Citv-St-Zip: | ( ) Change ( ) Addition                     |  |

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 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: GASPARE R. VALENTINO PD 01/23/2007