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Secretary of State

01-12-2004 90022 014 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000054902

1. Entity Name
A PERFECT 10, INC.



24000936

Principal Place of Business
**5441 JAMES ST
 NEW PORT RICHEY, FL 34652**

Mailing Address
**5441 JAMES ST
 NEW PORT RICHEY, FL 34652**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01082004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3647373** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, KINDRA L
 3123 TORI CT
 NEW PORT RICHEY, FL 34655**

7. Name and Address of New Registered Agent

Name **Steadham, Kindra L**
 Street Address (P.O. Box Number is Not Acceptable)
3123 Tori CT
 City **New Port Richey FL** Zip Code **34655**

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 *Kindra Steadham* DATE **1-8-04**

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P** Delete
 NAME **STEADHAM, KINDRA**
 STREET ADDRESS **5441 JAMES ST**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **VP** Delete
 NAME **ALU, APRIL**
 STREET ADDRESS **5441 JAMES ST**
 CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 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)(i), 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: *Kindra Steadham* DATE **1-8-04** (201) **847-2210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #