

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90468 002 ***150.00

DOCUMENT # P00000072159 1. Entity Name PERPETUAL MOTION INDUSTRIES, INC.					
Principal Place of Business 7550 EXCHANGE DR ORLANDO, FL 32809			Mailing Address 7550 EXCHANGE DR ORLANDO, FL 32809		
2. Principal Place of Business <i>2582 South Maguire Rd.</i>		3. Mailing Address <i>2582 South Maguire Rd.</i>			
Suite, Apt. #, etc. <i># 338</i>		Suite, Apt. #, etc. <i># 338</i>		04192005 Chg-P CR2E034 (10/03)	
City & State <i>Ocoee, FL</i>		City & State <i>Ocoee, FL</i>		4. FEI Number 59-3659829	
Zip <i>34761</i>		Zip <i>34761</i>		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOTO, TIMOTHY M 7550 EXCHANGE DR <i>332 Laurenburg Lane</i> ORLANDO, FL 32809 <i>Ocoee, FL 34761</i>				7. Name and Address of New Registered Agent 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: <i>[Signature]</i> TIMOTHY NOTO, PRESIDENT <i>04-27-05</i> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST NOTO, TIMOTHY M 7550 EXCHANGE DR ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>332 Laurenburg Lane</i> <i>Ocoee, FL 34761</i>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" 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	
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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: <i>[Signature]</i> TIMOTHY NOTO, PRESIDENT <i>04-27-05</i> <i>407.963-9313</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					