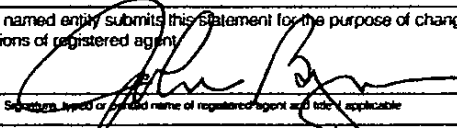
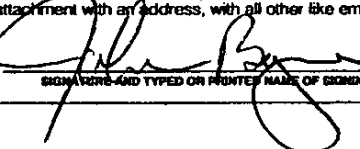


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000082910 1. Entity Name PERI, INC.					
Principal Place of Business 2235 HOFFNER AVENUE ORLANDO, FL 32809			Mailing Address 2235 HOFFNER AVENUE ORLANDO, FL 32809		
2. Principal Place of Business 5001 PLEASURE ISLAND DR. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 593941 Suite, Apt. #, etc.			
City & State ORLANDO		City & State ORLANDO, FL		4. FEI Number 59-3675575	
Zip 32809		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGMAN, JOHN 2235 HOFFNER AVE. ORLANDO, FL 32809		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5001 PLEASURE ISLAND DR ORLANDO, City FL Zip Code 32809			
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 DATE: 3-15-05 Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reconstituting)					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ☐ Delete BERGMAN, JOHN 2235 HOFFNER AVENUE ORLANDO, FL 32809		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 5001 PLEASURE ISLAND DR. ORLANDO, FL - 32809	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			John Bergman 5-6-05 407-491-6609 Signature and typed or printed name of signing officer or director Date Daytime Phone #		

FILED
05 MAY 10 AM 11:29
 RECEIVED IN STATE
 3/18/05 9:00 AM 026 150.00
