2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000082910

1. Entity Name
PERI, INC.

FILED
05 MAY 10 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/18/05 93075 026 150.00

03152005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~2235 HOFFNER AVENUE~~ ~~ORLANDO, FL 32809~~	~~2235 HOFFNER AVENUE~~ ~~ORLANDO, FL 32809~~

2. Principal Place of Business	3. Mailing Address
5001 Pleasure Island Dr.	P.O. Box 593941
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Orlando, FL.
Zip: 32809 Country: U.S.A.	Zip: 32859-3941 Country: USA

4. FEI Number: 59-3675575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BERGMAN, JOHN ~~2235 HOFFNER AVE~~ ~~ORLANOD, FL 32809~~	Name: Street Address (P.O. Box Number is Not Acceptable): 5001 Pleasure Island Dr City: Orlando, 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 [signature] President 3-15-05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BERGMAN, JOHN	NAME	
STREET ADDRESS	~~2235 HOFFNER AVENUE~~	STREET ADDRESS	5001 Pleasure Island Dr.
CITY-ST-ZIP	~~ORLANDO, FL 32809~~	CITY-ST-ZIP	Orlando, FL - 32809
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] John Bergman 5-6-05 407-491-6609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #