2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90273 004 ***150.00

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1. Entity Name
PERFECT COMMUNICATIONS AND PROMOTIONS, INC.

Principal Place of Business	Mailing Address
1800 N. INTERNATIONAL SPEEDWAY BUILDING 1, SUITE 103 DAYTONA BEACH, FL 32114	1800 N. INTERNATIONAL SPEEDWAY BUILDING 1, SUITE 103 DAYTONA BEACH, FL 32114

03102006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
59-3689135
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIORARANTI, ANNETTE M
1800 N. INTERNATIONAL SPEEDWAY
BUILDING 1, SUITE 104
DAYTONA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name: Renee Schilling
Street Address (P.O. Box Number is Not Acceptable): 1800 N. International Speedway
Building 1, Suite 103
City: Daytona Beach FL Zip Code: 32114

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: Renee G. Schilling Operations Director 4/25/06
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, 2006 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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCLANE, JOHN R		NAME		
STREET ADDRESS	6001 E. JOAN DE ARC		STREET ADDRESS		
CITY-ST-ZIP	SCOTTSDALE, FL 85254		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		
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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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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] 4/5/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #