



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000044590 1. Entity Name PERFORMANCE PLUS EUROPE, INC.						FILED 05 NOV -2 PM 4: 03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3800 FOWLER STREET #11 FORT MYERS, FL 33901				Mailing Address 3800 FOWLER STREET #11 FORT MYERS, FL 33901			
2. Principal Place of Business <i>3800 Fowler Street # 5</i> Suite, Apt. #, etc.		3. Mailing Address <i>912 Alaska Ave</i> Suite, Apt. #, etc.					
City & State _____		City & State <i>Lehigh Acres FL</i>		4. FEI Number 65-1126701		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip _____		Country _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		10192005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FRIEDMAN, JEFFREY 3800 FOWLER STREET #11 FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name <i>Jan-Willem Boom</i> Street Address (P.O. Box Number is Not Acceptable) <i>912 Alaska Ave</i> City <i>Lehigh Acres</i> FL Zip Code <i>33971</i>			
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>Jan-Willem Boom</i> DATE <i>10-31-2005</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25		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 FRIEDMAN, JEFFREY 3800 FOWLER STREET #11 FORT MYERS, FL 33901	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <i>Jan-Willem Boom</i> <i>912 Alaska Ave</i> <i>Lehigh Acres FL 33971</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	000061114390 11/02/05--01032--005 ***70.00	
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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		
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>Jan-Willem Boom</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-31-2005 (239)9390510 <small>Date Daytime Phone #</small>			