2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079834

Entity Name: PERFECT HOME MORTGAGE, INC.

FILED May 03, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6625 MIAMI LAKES DRIVE 5465 PINE ISLAND RD., NW

SUITE 326 UNIT #2

MIAMI LAKES, FL 33014 BOKEELIA, FL 33922

Current Mailing Address: New Mailing Address:

6625 MIAMI LAKES DRIVE 3156 SIXTH AVENUE

SUITE 326 ST. JAMES CITY, FL 33956 MIAMI LAKES, FL 33014

FEI Number: 65-1129820 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACHIN GUATY, MARGARET M
6625 MIAMI LAKES DRIVE
3156 SIXTH AVENUE
21 JAMES CITY FL 23056

SUITE 326 ST JAMES CITY, FL 33956 US MIAMI LAKES, FL 33014 US

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.

SIGNATURE: MARGARET MACHIN-GUATY 05/03/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Title:PD() DeleteTitle:PD(X) Change () AdditionName:MACHIN GUATY, MARGARET MName:MACHIN-GUATY, MARGARET MAddress:6625 MIAMI LAKES DRIVE, SUITE 326Address:3156 SIXTH AVENUE

Address: 6625 MIAMI LAKES DRIVE, SUITE 326 Address: 3156 SIXTH AVENUE
City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: ST JAMES CITY, FL 33956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET MACHIN-GUATY PD 05/03/2007