

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000031637
 1. Entity Name
 PERFECT PROCESS SERVERS, INC.



FILED

06 SEP 21 AM 8:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
 693 NW 101 TERRACE
 CORAL SPRINGS, FL 33071

Mailing Address
 693 NW 101 TERRACE
 CORAL SPRINGS, FL 33071



09152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 01-0645877 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANDEL, JACK
 693 NW 101 TERRACE
 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
 Due by September 15, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MANDEL, JACK
STREET ADDRESS	693 NW 101 TERRACE
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

600090269516
 09/29/06--01053--001 **150.00

DO NOT WRITE IN THIS SPACE

jc 9/25

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: _____ Date: 9.15.06 Daytime Phone #: 84-646-9091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR