2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2005 08:00 AM Secretary of State

DOCUMENT # P02000098469 1. Entity Name SO PERFECT, INC.		69		Secretary of State			
Principal Plan	ce of Business	Mailing Address	··]			
206 HANCO SAFETY HAR	CK COURT — RBOR, FL 34695	206 HANCOCK COURT SAFETY HARBOR, FL 34695					
DO NOT WRITE IN THIS SPACE			CE	01112005	No Chg-P	CR2E034 (1	0/03) Applied For
				54-207		□ \$8.7	Not Applicable 5 Additional
	6. Name and Address of Current Re	aistered Agent	1			Fee R	equired
		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	Signature Typod or printed name of registered agent and	d Agent signature required	when reinstaling)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees			
10,	OFFICERS AND DI	RECTORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JEWELL, DIANE C 206 HANCOCK COURT SAFETY HARBOR, FL 34695))))))))183020 -80050-02)	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SF	ACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. Thereby certify that the Information supplied with this filling 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 trastee 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 artischment with an address, with all other like empowered.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

1-15-05

727-796-3130

Daytime Phone #