

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000099626		
1. Entity Name PERILPOINT COMMUNICATIONS, INC.		
Principal Place of Business 333 S. TAMiami TRAIL SUITE #319 VENICE, FL 34285 US	Mailing Address PO BOX 426 VENICE, FL 34284-0426 US	
DO NOT WRITE IN THIS SPACE		 02022007 No Chg-P CR2E034 (11/05)
4. FEI Number 35-2181879		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
WALKER, CHARLES E 326 FORDHAM RD VENICE, FL 34284-0426		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	P, T	<div style="font-family: monospace; font-size: 1.2em;">U00000671936 03/28/07-80049-016 150.00</div> DO NOT WRITE IN THIS SPACE
NAME	WALKER, CHARLES E	
STREET ADDRESS	326 FORDHAM RD	
CITY - ST - ZIP	VENICE, FL 34293	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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: 		3.12.07 546-486-1720
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>