

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128328

FILED
Apr 21, 2006
Secretary of State

Entity Name: PERFECTION SERVICES OF SOUTHWEST FLORIDA. INC.

Current Principal Place of Business:

504 CENTER RD.
BLDG. B, UNIT 2
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

504 CENTER RD.
BLDG. B, UNIT 2
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 04-3730614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRANT, TODD
2700 SCUPPERNONG ROAD
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GRANT, TODD
Address: 2700 SCUPPERNONG ROAD
City-St-Zip: LABELLE, FL 33935

Title: SEC () Delete
Name: GRANT, GINGER M SECRETA
Address: 2700 SCUPPERNONG RD.
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC (X) Change () Addition
Name: GRANT, GINGER M SECRETA
Address: 2700 SCUPPERNONG RD.
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the 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: GINGER GRANT

SEC

04/21/2006

Electronic Signature of Signing Officer or Director

Date