



**2005 FOR PROFIT CORPORATION-
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000007773 1. Entity Name PERFECT FORM INC.					
Principal Place of Business 10361 W. SAMPLE RD. CORAL SPRINGS, FL 33065		Mailing Address 10361 W. SAMPLE RD. CORAL SPRINGS, FL 33065			
DO NOT WRITE IN THIS SPACE					
				 02242005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 56-2313269		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 PREFONTAINE, MARTHA 10361 W. SAMPLE RD. CORAL SPRINGS, FL 33065				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 reinsuring) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP		P PREFONTAINE, MARTHA 5808 NW 54 CIR CORAL SPRINGS, FL 33067			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 000000250543 03/04/05-80014-015 150.00			
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12. I hereby certify that the information supplied with this filing 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 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 <i>Martina Prefontaine</i>		Date <i>3/27/05</i> (954) 346-0808			
MARTHA PREFONTAINE, PRESIDENT					