

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90022 044 ***150.00

DOCUMENT # P03000049524 1. Entity Name PERRY MANAGEMENT, INC.					
Principal Place of Business 8200 - 113TH STREET NORTH SUITE 104 SEMINOLE, FL 33772 US			Mailing Address 8200 - 113TH STREET NORTH SUITE 104 SEMINOLE, FL 33772 US		
2. Principal Place of Business - No P.O. Box # 21322 Marsh Hawk Drive		3. Mailing Address 21322 Marsh Hawk Drive			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Land O'Lakes FL		City & State Land O'Lakes FL		4. FEI Number 56-2353815	
Zip 36438		Country USA		Applied For Not Applicable	
Zip 36438		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, DENNIS K 8200 - 113TH STREET NORTH SUITE 104 SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name Harvey Perry Street Address (P.O. Box Number is Not Acceptable) 21322 Marsh Hawk Drive City Land O'Lakes FL Zip Code 36438	
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 DATE 25 JAN 2008					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD PERRY, HARVEY 21322 MARSH HAWK DRIVE LAND O'LAKES, FL 36438		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 25 JAN 2008 DAYTIME PHONE # 303 8033350					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40012781



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