

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151363

FILED
Mar 29, 2005
Secretary of State

Entity Name: PERFORMANCE EFFECTS, INC.

Current Principal Place of Business:

1332 BURGESS DR.
TALLAHASSEE, FL 32304 US

New Principal Place of Business:

1509 HILLTOP DR.
TALLAHASSEE, FL 32303 US

Current Mailing Address:

1332 BURGESS DR.
TALLAHASSEE, FL 32304 US

New Mailing Address:

1509 HILLTOP DR.
TALLAHASSEE, FL 32303 US

FEI Number: 65-1212324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TACKETT-BRADT, SAMANTHA J
1332 BURGESS DR.
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

TACKETT-BRADT, SAMANTHA J
1509 HILLTOP DR.
TALLAHASSEE, FL 32303 US

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:

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TACKETT-BRADT, SAMANTHA J
Address: 1332 BURGESS DR.
City-St-Zip: TALLAHASSEE, FL 32304

Title: V () Delete
Name: BRADT, SHANNON W
Address: 1332 BURGESS DR.
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TACKETT-BRADT, SAMANTHA J
Address: 1509 HILLTOP DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: V (X) Change () Addition
Name: BRADT, SHANNON W
Address: 1509 HILLTOP DR.
City-St-Zip: TALLAHASSEE, FL 32303

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHANNON WADE BRADT

V

03/29/2005

Electronic Signature of Signing Officer or Director

Date