

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000061464

FILED
Apr 06, 2005
Secretary of State

Entity Name: PICTURE PERFECT COMMUNICATIONS, INC.

Current Principal Place of Business:

793 SE FALLON DRIVE
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

793 SE FALLON DRIVE
PORT ST. LUCIE, FL 34983

New Mailing Address:

3659 E. SUNDANCE AVE
GILBERT, AZ 85297

FEI Number: 20-1009584

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEYERS, JULIE A EA
19916 COURT OF THE LIONS
BOCA RATON, FL 33434 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: P () Delete
Name: LAROSE, DONALD
Address: 793 SE FALLON DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P () Change (X) Addition
Name: HARRINGTON, AMY
Address: 793 SE FALLON DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34983

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: DONALD LAROSE

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date