

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068714

Entity Name: WALK ON PERFECTION, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

31411 SUMMIT STREET  
SORRENTO, FL 32776

## New Principal Place of Business:

709 MALCOM ROAD  
OCOEE, FL 34761

## Current Mailing Address:

31411 SUMMIT STREET  
SORRENTO, FL 32776

## New Mailing Address:

709 MALCOM ROAD  
OCOEE, FL 34761

FEI Number: 20-1087816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWNING, JULIE M  
310 S. RHODES STREET  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

WOLIVER, ROBERT J  
709 MALCOM ROAD  
OCOEE, FL 34761 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: ROBERT J WOLIVER

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WOLIVER, ROBERT J  
Address: 31411 SUMMIT STREET  
City-St-Zip: SORRENTO, FL 32776

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WOLIVER, ROBERT J  
Address: 709 MALCOM ROAD  
City-St-Zip: OCOEE, FL 34761

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: ROBERT J WOLIVER

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date