2007 FOR PROFIT CORPORATION

Secretary of State **ANNUAL REPORT** 03-16-2007 90031 019 ***150.00 DOCUMENT # P04000110199 421 PERUVIAN AVENUE, INC. Principal Place of Business Mailing Address 1107 N OLIVE AVE 1107 N OLIVE AVE W PALM BEACH, FL 33401 W PALM BEACH, FL 33401 No Chg-P CR2E034 (11/05) 02232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0878081 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BYRD, WADE R DO NOT WRITE 350 ROYAL PALM WAY SUITE 409 PALM BEACH, FL 33480 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE ELIAS, WILLIAM D NAME STREET ADDRESS 1107 NORTH OLIVE AVENUE CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this fling 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 the and accurate and that my signature shall have the same legal effect as it made under oath, that I am an officer or director of the corporation or the receiver or trustee emowered 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 attrachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Mar 16, 2007 8:00 am