

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147312

Entity Name: PERFECT IMPRESSION, INC.

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

2116 SUNNYDALE BLVD.  
SUITE A  
CLEARWATER, FL L3756

## Current Mailing Address:

2116 SUNNYDALE BLVD.  
SUITE A  
CLEARWATER, FL L3756

## New Principal Place of Business:

2116 SUNNYDALE BLVD.  
SUITE A  
CLEARWATER, FL 33765

## New Mailing Address:

2116 SUNNYDALE BLVD.  
SUITE A  
CLEARWATER, FL 33765

FEI Number: 41-2154522

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWERS, SUSAN B  
2116 SUNNYDALE BLVD.  
SUITE A  
CLEARWATER, FL L3756 US

## Name and Address of New Registered Agent:

POWERS, SUSAN B  
2116 SUNNYDALE BLVD.  
SUITE A  
CLEARWATER, FL 33765 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: SUSAN B. POWERS

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: POWERS, SUSAN B  
Address: 4912 23RD AVE N  
City-St-Zip: ST. PETERSBURG, FL 33710

Title: VD ( ) Delete  
Name: PSOMAS, MARIOS  
Address: 1013 CONNECTICUT RD.  
City-St-Zip: TARPON SPRINGS, FL 34689

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: SUSAN B. POWERS

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date