

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000168497

Entity Name: CAFE PERKS, INC.

FILED
Dec 05, 2006
Secretary of State

Current Principal Place of Business:

544 FAITH CIR
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

544 FAITH CIR
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 20-2004018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND, DONALD V
544 FAITH CIR
MAITLAND, FL 32751 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LELAND, DONALD V
Address: 544 FAITH CIR
City-St-Zip: MAITLAND, FL 32751

Title: T () Delete
Name: LELAND, DONALD V
Address: 544 FAITH CIR
City-St-Zip: MAITLAND, FL 32751

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: P () Change (X) Addition
Name: LELAND, LELAND A PRESIDE
Address: 544 FAITH CIRCLE
City-St-Zip: MAITLAND, FL 32751

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: DONALD V. LELAND

DP

12/05/2006

Electronic Signature of Signing Officer or Director

Date