

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051590

FILED
Mar 29, 2006
Secretary of State

Entity Name: PRFECT SOLUTIONS CONTRACTING CORP

Current Principal Place of Business:

2301 TOWN SQUARE DR
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

2301 TOWN SQUARE DR
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2638378 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SALAZAR, RANDY
2301 TOWN SQUARE DR
JACKSONVILLE, FL 32216 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 (X).

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAR, RANDY
Address: 2301 TOWN SQUARE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: V () Delete
Name: GALLO, ALONSO
Address: 1511 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: JONES, ROBERT L
Address: 874 LONG LAKE DR.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALAZAR, RANDY
Address: 2301 TOWN SQUARE DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change () Addition
Name: GALLO, ALONSO
Address: 1511 RIVER BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32211

Title: V (X) Change () Addition
Name: JONES, ROBERT L
Address: 13496 GEMFIRE CT.
City-St-Zip: JACKSONVILLE, FL 32258

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: RANDY C SALAZAR

P

03/29/2006

Electronic Signature of Signing Officer or Director

Date