

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90022 046 \*\*\*150.00

<b>DOCUMENT # P05000056123</b> 1. Entity Name <b>PERFECT PICTURE CUSTOM FRAMING, INC.</b>			
Principal Place of Business <b>55449 LITTLE BROOK DR. CALLAHAN, FL 32011</b>		Mailing Address <b>55449 LITTLE BROOK DR. CALLAHAN, FL 32011</b>	
2. Principal Place of Business <b>450061 State Rd 200</b>		3. Mailing Address <b>450061 State Rd 200</b>	
Suite, Apt. #, etc. <b>9</b>		Suite, Apt. #, etc. <b>9</b>	
City & State <b>Callahan FL</b>		City & State <b>Callahan FL</b>	
Zip <b>32011</b>		Zip <b>32011</b>	
Country <b>U.S.</b>		Country <b>U.S.</b>	
4. FEI Number <b>20-2680726</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JAMES A. NOLAN, P.A. 4114 HERSCHEL ST., SUITE 105 JACKSONVILLE, FL 32210</b>		7. Name and Address of New Registered Agent  Name <b>JANINE A. ORENDER</b> Street Address (P.O. Box Number is Not Acceptable) <b>540223 US 1</b> City <b>Callahan</b> FL Zip Code <b>32011</b>	
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 <i>Berin Sudder</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/10/06</b> <small>(NOTE: Registered Agent signature required when releasing)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>President</b>	NAME <b>Nasser Sudder</b>	TITLE <b>Vice President</b>	NAME <b>[Blank]</b>
STREET ADDRESS <b>450061 State Rd. 200 #9</b>	CITY - ST - ZIP <b>Callahan, FL 32011</b>	STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>
TITLE <b>Vice President</b>	NAME <b>Nasser Sudder</b>	TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>
STREET ADDRESS <b>450061 State Rd. 200 #9</b>	CITY - ST - ZIP <b>Callahan FL 32011</b>	STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>
TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>	TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>
STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>	STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>
TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>	TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>
STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>	STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>
TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>	TITLE <b>[Blank]</b>	NAME <b>[Blank]</b>
STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>	STREET ADDRESS <b>[Blank]</b>	CITY - ST - ZIP <b>[Blank]</b>
12. I hereby certify that the information supplied with this filing 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 true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Berin Sudder</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>3/10/06</b> <small>Date Daytime Phone #</small>	



ATTACHMENT

6600690

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

PERFECT PICTURE CUSTOM FRAMING, INC.  
450061 STATE RD 200  
SUITE 9  
CALLAHAN, FL 32011

Subject: PERFECT PICTURE CUSTOM FRAMING, INC.

Reference Number: P05000056123

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION