## 2006 FOR PROFIT CORPORÁTION ANNUAL REPORT

## May 08, 2006 8:00 am Secretary of State DOCUMENT # P05000075105 05-08-2006 90272 028 \*\*\*150.00 1. Entity Name PERFECT REAL ESTATE, INC Principal Place of Business Mailing Address 40086623 1537 SHADY OAK DRIVE 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 04212006 Cha-P 4. FEI Number 20-2894360 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAPADIA, ASHISH Street Address (P.O. Box Number is Not Acceptable) 1537 SHADY OAK DRIVE KISSIMMEE, FL 34744 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PS TITLE ☐ Change ☐ Addition □ Delete NAME KAPADIA, ASHISH NAME STREET ADDRESS 1537 SHADY OAK DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34744 CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change ☐ Addition SHAH, DHIMANT NAME NAME STREET ADDRESS 168 OAK GROVE CIRCLE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Defete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

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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 addre with all other like empowered

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