2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

DOCUMENT # P05000079238 1. Entity Name PERFULALY, INC.						04-20-2007	90073 019 ***15	0.00
Principal Place of Business		Mailing Address		1				
3956 TOWN CENTER BLVD. #232		3956 TOWN CENTER BLVD. #232						
ORLANDO, FL 32837 US		ORLANDO, FL 32837 US			 		 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Number 20-29379	949		oplied For ot Applicable
Zip Country		Zip	Country		5. Certificate of	Status Desired	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	·	
FLORES	IOPGE E			Name				
FLORES, JORGE E 3956 TOWN CENTER BLVD. #232				Street Address (ss (P.O. Box Number is Not Acceptable)			
ORLANDO	0, FL 32837	•						
<u>"</u>				City			FL Zip Cod	е
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	s register	ed office or register	red agent, or both,	in the State of Flo	orida. I am familiar with,	and-accept
SIGNATURE.	Signature, typed or printed name of registered agen	t and title if applicable. (NOT	E Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Trust Fund Contrib					.00 May Be led to Fees	-		
10.	OFFICERS AND		11.		ADDITIONS/CI	HANGES TO OFF	ICERS AND DIRECTOR	S IN 11
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receipt certify triat 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR