2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085454

Entity Name: PICTURE IT PERFECT INC

FILED Feb 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

194 NW 47TH AVENUE 3180 NE 48 COURT APT 310 LIGHTHOUSE POINT, FL 33064 DEERFIELD BEACH, FL 33442

Current Mailing Address: New Mailing Address:

3180 NE 48 COURT APT 310 194 NW 47TH AVENUE DEERFIELD BEACH, FL 33442 LIGHTHOUSE POINT, FL 33064

FEI Number: 20-2999571 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

DEL ROSSO PEITZ, MONICA DEL ROSSO, MONICA P 3180 NE 48 COURT APT 310 194 NW 47TH AVENUE DEERFIELD BEACH, FL 33442 LIGHTHOUSE POINT, FL 33064 US US

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: MONICA DEL ROSSO 02/25/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete DEL ROSSO PEITZ, MONICA DEL ROSSO, MONICA Name: Name: 194 NW 47TH AVENUE 3180 NE 48 COURT APT 310 Address: Address: City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: LIGHTHOUSE POINT, FL 33064

() Delete Title: Title: (X) Change () Addition

DEL ROSSO, MONICA Name: PEITZ, MARK T JR Name: 194 NW 47TH AVENUE 3180 NE 48 COURT APT 310 Address: Address: DEERFIELD BEACH, FL 33442 LIGHTHOUSE POINT, FL 33064 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: MONICA DEL ROSSO 02/25/2006