2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P05000085454

Entity Name: PICTURE IT PERFECT INC

Current Principal Place of Business:

3180 NE 48 COURT APT 310
LIGHTHOUSE POINT, FL 33064

New Principal Place of Business:

3180 NE 48 COURT APT 310
310
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

3180 NE 48 COURT APT 310
LIGHTHOUSE POINT, FL 33064

New Mailing Address:

3180 NE 48 COURT APT 310
310
LIGHTHOUSE POINT, FL 33064

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

Name and Address of Current Registered Agent:

DEL ROSSO, MONICA P
3180 NE 48 COURT APT 310
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

DEL ROSSO, MONICA M
3180 NE 48 COURT APT 310
310
LIGHTHOUSE POINT, FL 33064 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 DELROSSO 04/15/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DEL ROSSO, MONICA
Address: 3180 NE 48 COURT APT 310
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: V (X) Delete
Name: DEL ROSSO, MONICA
Address: 3180 NE 48 COURT APT 310
City-St-Zip: LIGHTHOUSE POINT, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DEL ROSSO, MONICA M
Address: 3180 NE 48 COURT APT 310
City-St-Zip: LIGHTHOUSE POINT, FL 33064

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MONICA DELROSSO P 04/15/2009
Electronic Signature of Signing Officer or Director Date