

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90179 003 ***150.00

DOCUMENT # P06000021687 1. Entity Name PERFECT RATIO, INC.			
Principal Place of Business PO BOX 618 ASHEVILLE, NC 28802 US		Mailing Address PO BOX 618 ASHEVILLE, NC 28802 US	
2. Principal Place of Business - No P.O. Box # 1100 Jackmar Rd Suite, Apt. #, etc.		3. Mailing Address 1100 Jackmar Rd Suite, Apt. #, etc.	
City & State Dunedin FL Zip 34698		City & State Dunedin FL Zip 34698	
Country FL		Country FL	
4. FEI Number 02 076 8047		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 BRACEWELL, JOHN K JR 1100 JACKMAR ROAD DUNEDIN, FL 34698		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE:  DATE: 4/24/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME BRACEWELL, JOHN K JR.	TITLE BRACEWELL John K Jr	NAME 1100 Jackmar Road
STREET ADDRESS 1100 JACKMAR ROAD	CITY-ST-ZIP DUNEDIN, FL 34698	STREET ADDRESS 1100 Jackmar Road	CITY-ST-ZIP Dunedin FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 address, with all other like empowered.			
SIGNATURE:  DATE: _____ Daytime Phone #: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			