2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038019

Entity Name: PERFECT CARE NET INC.

FILED Apr 26, 2007 Secretary of State

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

6144 SW 35 ST 1295 SW 101 TERRACE SUITE 1E UNIT 101

MIRAMA, FL 33023 PEMBROKE PINES, FL 33025

Current Mailing Address: New Mailing Address:

6144 SW 35 ST 1295 SW 101 TERRACE SUITE 1E UNIT 101

SUITE 1E UNIT 101
MIRAMA, FL 33023 PEMBROKE PINES, FL 33025

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

OBOH, GHANA O
6144 SW 35
SUITE 1E
OBOH, GHANA O
1295 SW 101 TERRACE
SUITE 101

MIRAMA, FL 33023 US PEMBROKE PINES, FL 33023 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: GHANA OBOH 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 GHANA, OBOH
 Name:
 GHANA, OBOH

 Address:
 6144 SW 35 ST
 Address:
 1295 SW 101 TERRACE

City-St-Zip: MIRAMA, FL 33023 US City-St-Zip: PEMBROKE PINES, FL 33025 US

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.

SIGNATURE: GHANA OBOH MGN 04/26/2007