2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 06, 2009
Secretary of State

DOCUMENT# P06000038019

Entity Name: PERFECT CARE NET INC.

Current Principal Place of Business:

99 NW 183 STREET
106
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

99 NW 183 STREET
106
MIAMI, FL 33169

New Mailing Address:

FEI Number: 56-2565970 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERRE-LOUIS, ALEX
99 NW 183 STREET
106
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PIERRE-LOUIS, ALEX
Address: 99 NW 183 STREET STE 106
City-St-Zip: MIAMI, FL 33169 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: OBOH, GHANA
Address: 3600 S STATE RD 7 STE 245
City-St-Zip: MIRAMAR, FL 33023

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: ALEX PIERRE-LOUIS P 07/06/2009

Electronic Signature of Signing Officer or Director — Date