

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000038019

**FILED**  
**Sep 09, 2009**  
**Secretary of State****Entity Name:** PERFECT CARE NET INC.**Current Principal Place of Business:**99 NW 183 STREET  
106  
MIAMI, FL 33169**New Principal Place of Business:**3600 S STATE RD 7  
245  
MIRAMA, FL 33025**Current Mailing Address:**99 NW 183 STREET  
106  
MIAMI, FL 33169**New Mailing Address:**3600 S STATE RD 7  
245  
MIRAMA, FL 33025**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:**OBOH, GHANA  
3600 S STATE RD 7  
245  
MIAMI, FL 33169 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

09/09/2009

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OBOH, GHANA  
Address: 3600 S STATE RD 7  
City-St-Zip: MIRAMA, FL 33023 US

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

Title: SEC ( ) Change (X) Addition  
Name: OBOH, DOLLAR  
Address: 3600 S STATE RD 7  
City-St-Zip: MIRAMA, 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: GHANA OBOH

P

09/09/2009

Electronic Signature of Signing Officer or Director

Date