2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED May 05, 2008 08:00 AN Secretary of State **DOCUMENT # P06000049750** 1. Entity Name STROKE OF PERFECTION, INC. Mailing Address Principal Place of Business 344 BOEING ST., NW 344 BOEING ST., NW LAKE PLACID, FL. 33852 LAKE PLACID, FL 33852 US No Chg-P CR2E034 (11/05) 04262008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0868521 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS-DEUTH, MURIAH J DO NOT WRITE 344 BOEING ST. NW LAKE PLACID, FL 33852 IN THIS SPACE 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. Signitiure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renestating) U00000**99**3798 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DAVIS-DEUTH, MURIAH J NAME STREET ADDRESS 344 BOEING ST, NW CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE DAVIS-DEUTH, MICHAEL NAME STREET ADDRESS 344 BOEING ST. NW CTTY-ST-7IP LAKE PLACID, FL 33852 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURI

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