## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000065352

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Delete

FILED Mar 02, 2007 Secretary of State

Entity Nai	me: PERFOR	MANCE EDGE	E SCHOOL OF E	ANCE, INC.				
Current Principal Place of Business:				New Prince	ipal Pla	ce of Business:		
	OMMERCE PI FL 33326	(WY. BAY 9 &	10					
Current Mailing Address:				New Mailing Address:				
	OMMERCE PL FL 33326	(WY. BAY 9 &	10					
FEI Number	: 20-4812482	FEI Number A	applied For()	FEI Number Not App	licable ( )	Certificate of Status Desire	ed ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
	OMMERCE P	(WY. BAY 9 & US	10					
	named entity e of Florida.	submits this st	atement for the p	urpose of changing	its registe	red office or registered agent,	or both,	
SIGNATU	RE:							
Electronic Signature of Registered Agent				nt		Date		
Election Car	npaign Financin	g Trust Fund Co	ntribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	COTERA, TRÌC 1801 N. HIATU			Title: Name: Address: City-St-Zip:	1801 N. I	(X) Change ( ) Addition , TRICIA S HIATUS RD. DKE PINES, FL 33026		
Title: Name: Address: City-St-Zip:	D ( DELGADO, JE 3985 SW 137T DAVIE, FL 333	H PLACE		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition O, JENNIFER L / 137TH PLACE 'L 33330		
Title: Name:	(	) Delete		Title: Name:	VP COTERA	( ) Change (X) Addition		

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

1801 N. HIATUS RD

PERUYERO, DANIEL

16308 NW 11 STREET

VΡ

PEMBROKE PINES, FL 33026

PEMBROKE PINES, FL 33028

( ) Change (X) Addition

SIGNATURE: TRICIA COTERA PRES 03/02/2007