

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089770

FILED
May 01, 2007
Secretary of State

Entity Name: PERFECTION HANDYMAN, INC.

Current Principal Place of Business:

6111 MARYWOOD DRIVE
ORLANDO, FL 32808 US

New Principal Place of Business:

1225 NW 3RD AVENUE
133
POMPANO BEACH, FL 33060 US

Current Mailing Address:

6111 MARYWOOD DRIVE
ORLANDO, FL 32808 US

New Mailing Address:

1225 NW 3RD AVENUE
133
POMPANO BEACH, FL 33060 US

FEI Number: 20-4614442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMIDAS, SAMSON
6111 MARYWOOD DRIVE
ORLANDO, FL 32808 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOMIDAS, SAMSON
Address: 6111 MARYWOOD DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOMIDAS, SAMSON
Address: 1225 NW 3RD AVENUE APT 133
City-St-Zip: POMPANO BEACH, FL 33060

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: SAMSON HOMIDAS

MR

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date