

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000090117

Entity Name: NEARLY PERFECT, INC.

FILED  
Mar 11, 2007  
Secretary of State

## Current Principal Place of Business:

1537 GREENRIDGE CIR W  
FRUIT COVE, FL 32259

## New Principal Place of Business:

1537 GREENRIDGE CIR W  
ST. JOHNS, FL 32259

## Current Mailing Address:

1537 GREENRIDGE CIR W  
FRUIT COVE, FL 32259

## New Mailing Address:

1537 GREENRIDGE CIR W  
ST. JOHNS, FL 32259

FEI Number: 20-5157139

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GARRARD, JAY  
6828 ST AUGUSTINE RD  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

AMBROSE, TAMARA  
1537 GREENRIDGE C.W.  
ST. JOHNS, FL 32259 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: TAMARA AMBROSE

03/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AMBROSE, TAMARA A  
Address: 1537 GREENRIDGE CIR W  
City-St-Zip: FRUIT COVE, FL 32259

Title: VPD ( ) Delete  
Name: KIMMEL, JERRY  
Address: 1036 BLACKBERRY LN  
City-St-Zip: FRUIT COVE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AMBROSE, TAMARA A  
Address: 1537 GREENRIDGE CIR W  
City-St-Zip: ST. JOHNS, FL 32259

Title: VPD (X) Change ( ) Addition  
Name: KIMMEL, JERRY  
Address: 1036 BLACKBERRY LN  
City-St-Zip: ST. JOHNS, FL 32259

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.

SIGNATURE: TAMARA AMBROSE

PD

03/11/2007

Electronic Signature of Signing Officer or Director

Date