2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P06000129187

Entity Name: PERFECT-PERMITS, INC.

Current Principal Place of Business:

11531 N.W. 42ND STREET
CORAL SPRINGS, FL 33065

New Principal Place of Business:

4326 NE 11TH AVE
FT. LAUDERDALE, FL 33334

Current Mailing Address:

11531 N.W. 42ND STREET
CORAL SPRINGS, FL 33065

New Mailing Address:

4326 NE 11TH AVE
FT. LAUDERDALE, FL 33334

FEI Number: 20-8225110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SPOON, MICHAEL A
11531 NW 42ND STREET
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

SPOON, MICHAEL A
4326 NE 11TH AVE
FT. LAUDERDALE, FL 33334 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: _____ 04/30/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SPOON, MICHAEL A
Address: 11531 N.W. 42ND STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SPOON, AMANDA J
Address: 11531 NW 42ND STREET
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TREA ( ) Change (X) Addition
Name: SPOON, KIMBERLY L
Address: 11531 NW 42ND STREET
City-St-Zip: CORAL SPRINGS, FL 33065

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: KIMBERLY SPOON TREA 04/30/2007
Electronic Signature of Signing Officer or Director — Date