


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90010 047 ***150.00

DOCUMENT # P06000156387

1. Entity Name
PERFECT PAGES LITERARY MANAGEMNT, INC.



Principal Place of Business
**C/O COMPUKEEPER INC.
 2298 NW 2ND AVE STE 20
 BOCA RATON, FL 33431**

Mailing Address
**C/O COMPUKEEPER INC.
 2298 NW 2ND AVE STE 20
 BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #
3610 Riviera Circle

3. Mailing Address
3610 Riviera Circle

Suite, Apt. #, etc.

City & State
Bonita Springs, FL

City & State
Bonita Springs, FL

Zip Country
34134 USA

Zip Country
34134 USA



02132008 Chg-P CR2E034 (12/06)

4. FEI Number
20-8132385

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHALLINOR, CAROLINE
 C/O COMPUKEEPER INC.
 2298 NW 2ND AVE STE 20
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
 Name
Challinor, Caroline
 Street Address (P.O. Box Number is Not Acceptable)
3610 Riviera Circle
 City
Bonita Springs FL Zip Code
34134

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 X *Caroline Challinor* (NOTE: Registered Agent signature required when reinstating) DATE X **2-26-08**

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME CHALLINOR, CAROLINE STREET ADDRESS 3610 RIVIERA CIRCLE CITY-ST-ZIP BONITA SPRINGS, FL 33134	<input type="checkbox"/> Delete	TITLE D NAME Challinor, Caroline STREET ADDRESS 3610 Riviera Circle CITY-ST-ZIP Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MILLER, MARK STREET ADDRESS 3610 RIVIERA CIRCLE CITY-ST-ZIP BONITA SPRINGS, FL 33134	<input type="checkbox"/> Delete	TITLE D NAME Miller, Mark STREET ADDRESS 3610 Riviera Circle CITY-ST-ZIP Bonita Springs, FL 34134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE -- NAME -- STREET ADDRESS -- CITY-ST-ZIP --	<input type="checkbox"/> Delete	TITLE -- NAME -- STREET ADDRESS -- CITY-ST-ZIP --	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE -- NAME -- STREET ADDRESS -- CITY-ST-ZIP --	<input type="checkbox"/> Delete	TITLE -- NAME -- STREET ADDRESS -- CITY-ST-ZIP --	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Caroline Challinor* X **Caroline challinor** X **2-26-08** X **239-572-6031**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #