

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039942

FILED
Apr 14, 2008
Secretary of State

Entity Name: SIGNS OF PERFECTION, INC.

Current Principal Place of Business:

1850 SW FOUNTAINVIEW BLVD.
207
PORT ST. LUCIE, FL 34986 US

Current Mailing Address:

P.O. BOX 880513
PORT ST. LUCIE, FL 84988 US

New Principal Place of Business:

664 NW ENTERPRISE DR
120
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

664 NW ENTERPRISE DR
120
PORT ST. LUCIE, FL 34986 US

FEI Number: 77-0682227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMMANOUIL, ZACHARY A
SACHS & SAX, 1850 FOUNTAINVIEW BLVD.
207
PORT ST. LUCIE, FL 34986 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SOWINSKI, VICKI
Address: P.O. BOX 880513
City-St-Zip: PORT ST. LUCIE, FL 84988

Title: VP () Delete
Name: SOWINSKI, STEVEN
Address: P.O. BOX 880513
City-St-Zip: PORT ST. LUCIE, FL 84988 US

Title: SEC () Delete
Name: SOWINSKI, STEVEN
Address: P.O. BOX 880513
City-St-Zip: PORT ST. LUCIE, FL 84988 US

Title: TRES () Delete
Name: SOWINSKI, VICKI
Address: P.O. BOX 880513
City-St-Zip: PORT ST. LUCIE, FL 84988 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SOWINSKI, VICKI
Address: 664 NW ENTERPRISE DR #120
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: SOWINSKI, STEVEN
Address: 664 NW ENTERPRISE DR #120
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: SEC (X) Change () Addition
Name: SOWINSKI, STEVEN
Address: 664 NW ENTERPRISE DR #120
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: TRES (X) Change () Addition
Name: SOWINSKI, VICKI
Address: 664 NW ENTERPRISE DR #120
City-St-Zip: PORT ST. LUCIE, FL 34986 US

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: VICKI SOWINSKI

PRES

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date