2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 12, 2008 8:00 am Secretary of State 05-05-2008 90258 030 ***150.00

DOCUMENT # P0700098316 1. Entity Name A PERFECT TIMING VII INC.						05-05-2008	390258	030 ***1	150.00
Principal Place of Business Mailing Address					٦ ,	601403	A		
3110 CONGR LAKE WORTH	ESS PARK DR., #1111 I, FL 33461	P.O. BOX 1173 Lake Worth, FL 334	P.O. BOX 1173 LAKE WORTH, FL 33463				M 8988 (810)	I NAME OR AND STATES	181 0 1 1: 61: 6 0 1 1:
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. 4, etc.		Suite, Apt. #, etc.		05012008	Chg-P	CR2E	034 (12/06)		
City & State		City & State			4. FEI Numb	êr		4	pplied For of Applicable
Zip	Country	Zip Cour		nuy	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					.7Name.and	Address of New R	egistered	Agent	
WILLIAMS	. APRIL		Name ?						
3110 CON	GRESS PARK DR., #1111 RTH, FL 33461			Street Address	(P.C. Box Numb	er is Not Acceptable	·)		
1	<i>.</i>			City				Zip Cod	
		 		<u> </u>		·	FL	•	
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 lamiliar with, and accept the obligations, or registered agent.									
SIGNATURE									
Signature, lypsed or printed nervie of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) OATE									
FILI After Ma	E NOWIN FEE IS \$150.00 by 1, 2008 Fee will be \$550.	9. Election Camp Trust Fund Cor		ncing \$5	.00 May Be ded to Fees				· 55-
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	S (N 11
TITLE -	CLINTON, TAMICA	☐ Delote	TITL	-				Change	neitibbA 🔲
STREET ADDRESS	1 à			EET ADORESS					
CITY-ST-ZIP				-ST-ZIP					
THTLE	D SOF	☐ Doleta	TITL NAV	_				Change	Addition
STREET ADDRESS	BUSH, CHARLES P.O. BOX 1173			EET ADDRESS					
CITY-ST-ZIP	1			'- \$1 - ZIP					
BTLE	D Delete [117							Change	☐ Addition
NAME STREET ADDRESS	WILSON, FELICIA N 808 SW 11 TERR.			eet address					;
- CITY-ST-ZIP -	DELRAY BEACH, FL 33444		1	- ST-ZIP -					_
TITLE		☐ Delete	TITL	ſ.			-	☐ Change	☐ Addision
NAME			HAS	-					
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STREET ADDRESS			STR	EET ADDRESS					•
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TITLE NAME		Ociete	FITE					☐ Change	☐ Addition
STREET ADDRESS				EET ADORESS					
C/1Y-\$1-ZIP				-ST-ZIP					
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: 12 (690)									