

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000078879

Entity Name: PERFECT PAIRINGS, INC.

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8390 MILDRED DR.  
BOYNTON BEACH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

8390 MILDRED DR.  
BOYNTON BEACH, FL 33472

**New Mailing Address:**

FEI Number: 27-3569765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOHNSON, LINDA J  
8390 MILDRED DR.  
BOYNTON BEACH, FL 33472 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: JOHNSON, LINDA J  
Address: 8390 MILDRED DR.  
City-St-Zip: BOYNTON BEACH, FL 33472 US

Title: COO  
Name: JOHNSON, WILLIAM M  
Address: 8390 MILDRED DR.  
City-St-Zip: BOYNTON BEACH, FL 33472 US

Title: VP  
Name: JOHNSON, STEVEN T  
Address: 8390 MILDRED DR.  
City-St-Zip: BOYNTON BEACH, FL 33472 US

I hereby 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 all other like empowered.

SIGNATURE: LINDA JOHNSON

CEO

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date