

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033100

FILED
May 01, 2006
Secretary of State

Entity Name: PERRY INNOVATIONS, INC.

Current Principal Place of Business:

5718 N.E. 61ST AVENUE ROAD
SILVER SPRINGS, FL 34488 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 395
SILVER SPRINGS, FL 34489 US

New Mailing Address:

FEI Number: 39-1283088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERINCHIEF, DAWN
5718 NE 61ST AVENUE ROAD
SILVER SPRINGS, FL 34488 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PERINCHIEF, ROBERT Y
Address: 5718 NE 61ST AVENUE ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VPSD () Delete
Name: PERINCHIEF, DAWN M
Address: 5718 NE 61ST AVENUE ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: D () Delete
Name: BANKS, JESSICA
Address: 3172 SHELLERS BEND
City-St-Zip: STATE COLLEGE, PA 16801

Title: D () Delete
Name: PASCH, JENNIFER
Address: 2315 N. 2ND LANE
City-St-Zip: OCONOMOWOC, WI 53066

Title: D () Delete
Name: BOYLE, TIMOTHY
Address: 5718 NE 61ST AVENUE ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAWN PERINCHIEF

VPSD

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date