
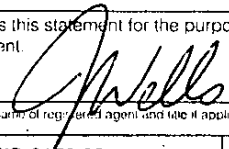
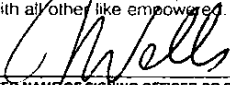


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90444 045 ***150.00

DOCUMENT # P96000028789 1. Entity Name PERDELL & ASSOCIATES, INC.			
Principal Place of Business 42 HAHNEMANN LANE NAPA CA 94558		Mailing Address 42 HAHNEMANN LANE NAPA CA 94558	
2. Principal Place of Business 3408 W. Sevilla St Suite, Apt. #, etc.		3. Mailing Address 3408 W. Sevilla St. Suite, Apt. #, etc.	
City & State Tampa, FL Zip 33629 Country USA		City & State Tampa, FL Zip 33629 Country USA	
4. FEI Number 59-3371368		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACKLES, JIM 815 S ROXMERE RD TAMPA FL 33609		7. Name and Address of New Registered Agent Name Anne Wells Street Address (P.O. Box Number is Not Acceptable) 3408 W. Sevilla St. City Tampa FL Zip Code 33629	
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  (NOTE: Registered Agent signature required when registering) DATE 3/27/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, JEFFREY M	NAME	3408 W. Sevilla St.
STREET ADDRESS	42 HAHNEMANN LANE	STREET ADDRESS	Tampa, FL 33629
CITY-ST-ZIP	NAPA CA 94558	CITY-ST-ZIP	
TITLE	VPST	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, ANNE P	NAME	3408 W. Sevilla St.
STREET ADDRESS	42 HAHNEMANN LANE	STREET ADDRESS	Tampa, FL 33629
CITY-ST-ZIP	NAPA CA 94558	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change -- <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date 3/27/06 (707) 363-7277	