2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 08:00 AM Secretary of State DOCUMENT # P96000092269 PLANET PERFECT, INC. Principal Place of Business Mailing Address 375 E CENTRAL AVE 375 E CENTRAL AVE WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 No Chg-P CR2E034 (11/05) 01232007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3407599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AARON, MARCIE 375 E. CENTRAL AVE WINTER HAVEN, FL 33880 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARCIE, AARON STREET ADDRESS 375 E. CENTRAL AVE WINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE 000000752952 05/22/07-80001-008 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

> M. AARON PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED