


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90035 010 ***150.00

DOCUMENT # P97000027915	
1. Entity Name PERMA - BOND CORPORATION	

Principal Place of Business 4987 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351	Mailing Address 4987 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351
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2. Principal Place of Business 7711 N. Military Trail Suite, Apt. #, etc. # 214 City & State Palm Beach Gardens FL Zip 33410 Country USA	3. Mailing Address 7711 N. Military Trail Suite, Apt. #, etc. # 214 City & State Palm Beach Gardens, FL Zip 33410 Country USA
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01242006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0769392	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 FORESTER, RAYMOND 4987 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3156 SANTA MARGARITA RD. City West Palm Beach FL Zip Code 33411
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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 *Raymond W Forester* **RAYMOND FORESTER** 1/24/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT FORESTER, RAYMOND 3156 SANTA MARGARITA RD WEST PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Raymond W Forester* **RAYMOND FORESTER** 1/24/06 954-741-5526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #