


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P97000047129 1. Entity Name PERRY PERFORMANCE GROUP, INC. |  |
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| Principal Place of Business 175 S.W. 20TH WAY SUITE N-4 DANIA, FL 33004 | Mailing Address 175 S.W. 20TH WAY SUITE N-4 DANIA, FL 33004 |
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01032007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0758070 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent PERRY, MATTHEW G 175 S.W. 20TH WAY SUITE N-4 DANIA, FL 33004 |
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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 Matthew Glen Perry 2/1/07
Signature, typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000618435 02/08/07 80072 017 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PERRY, MATTHEW G 175 S.W. 20TH WAY, SUITE N-4 DANIA, FL 33004 |
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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: Matthew Glen Perry 2/1/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #