2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000066824

City-St-Zip:

LAKE WORTH, FL 33467

FILED Apr 06, 2009 Secretary of State

Entity Nai	me: PERFECT	WEB TECHNO	DLOGIES, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
134 N.W. 16TH STREET, #8 BOCA RATON, FL 33432				21218 ST. ANDREWS BLVD. #131 BOCA RATON, FL 33433			
Current Mailing Address:				New Mailing Addre	New Mailing Address:		
134 N.W. 16TH STREET, #8 BOCA RATON, FL 33432				21218 ST. ANDREWS BLVD. #131 BOCA RATON, FL 33433			
FEI Number:	: 65-0775522	FEI Number App	olied For () FEI N	Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:		
DISTEFANO, THOMAS L III 651 OKEECHOBEE BLVD., #511 WEST PALM BEACH, FL 33401 US DISTEFANO, THOMAS L III 2910 NW 26TH AVE. BOCA RATON, FL 33434 US 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: THOMAS L. DISTEFANO III					04/06/2009		
Electronic Signature of Registered Agent					Date		
Election Car	mpaign Financing	Trust Fund Contr	ibution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCT () DISTEFANO, TH 2910 NW 26TH / BOCA RATON, F	AVE.		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address:	D () JOHNSTON, RAY 4241 FOXVIEW			Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: THOMAS L. DISTEFANO III **PCT** 04/06/2009