2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P97000100172 04-28-2008 90372 046 ***150.00 1. Entity Name THE PERFECT PURCHASE, INC. Principal Place of Business Mailing Address 2902 59TH STREET SUITE A 2902 59TH ST W SUITE A US BRADENTON, FL 34209 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04152008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0877672 Not Applicable Ζip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ, ENRIQUE J Street Address (P.O. Box Number is Not Acceptable) 2902 59TH STREET W SUITE A **3RADENTON, FL 34205** Zip Code 3. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition ☐ Delete TITLE Ø. FERNANDEZ, ENRIQUE J S. ROBERT HUCKS :IAME NAME -TREET ADDRESS 2902 59TH ST, WEST SUITE A STREET ADDRESS 403 RAE'S CREEK DRIVE CITY-ST-ZIP ITY-ST-ZIF BRADENTON, FL 34209 GREENYILLE, SC 29609 ITLE ☐ Delete TITLE Change ☐ Addition IAME NAME WILLIAM G. WEBSTER TREET ADDRESS STREET ADDRESS 221 HARTWIG COVET ITY-ST-ZIP CITY-ST-ZIP DRLAND, FL 32824 ITLE ☐ Delete Change ■ Addition TITLE AME NAME JUHN CREW TREET ADDRESS STREET ADDRESS 374 HICKORY GROVE ROAD ITY-ST-ZIP CITY-ST-ZIP LEESBURG GA 31763 ITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME AME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete ☐ Change ☐ Addition TITLE AMF NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP ITLE ☐ Delete TITLE ☐ Change ■ Addition 'AME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP 2. 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 of 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. 4/21/08 941-795- 2088 Date Doyline Phone # **SIGNATURE:**

FARIQUE J. FERNAMAZ

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