

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000022967

1. Entity Name

Perfect Profiles, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 610 Sycamore Street Suite, Apt. #, etc. Ste. 110	3. Mailing Address Suite, Apt. #, etc. SAME
City & State Celebration, FL 34747	City & State Country USA
Zip 34747	Zip Country USA

4. FEI Number <u>50-3498962</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <b>\$8.75 Additional Fee Required</b>

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
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.

SIGNATURE Debi A. Turner Diorio

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.  
(See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

11.

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Debi A. Turner Diorio 610 Sycamore, ste. 110 Celebration, FL 34747
--	---

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Philip T. Diorio 610 Sycamore St. Ste. 110 Celebration, FL 34747
--	--

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Debi A. Turner Diorio, Philip Diorio, VPs/102 407.566.2078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Phone #

CR2E034B (12/01)