2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022967

Entity Name: PERFECT PROFILES, INC.

FILED Feb 13, 2005 Secretary of State

Current Principal Place of Business:

610 SYCAMORE STREET SUITE 110 715 BLOOM STREET 205

CELEBRATION, FL 34747

CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address: New Mailing Address:

610 SYCAMORE STREET SUITE 110 715 BLOOM STREET CELEBRATION, FL 34747

CELEBRATION, FL 34747

FEI Number: 59-3498962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

205

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DIORIO, DEBI TURNER DIORIO, DEBI TURNER A 117 LOMA BONITA COURT 117 LOMA BONITA COURT DAVENPORT, FL 33837 DAVENPORT, FL 33837

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 DIORIO 02/13/2005

> Electronic Signature of Registered Agent Date

> > Title:

VΡ

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

VΡ

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: () Delete Title: (X) Change () Addition TURNER DIORIO, DEBI A TURNER DIORIO, DEBI A Name: Name: 715 BLOOM STREET, STE 205 610 SYCAMORE SUITE 110 Address: Address: City-St-Zip:

CELEBRATION, FL 34747 City-St-Zip: CELEBRATION, FL 34747

DIORIO, PHILLIP T Name: Name: DIORIO, PHILLIP T

610 SYCAMORE ST SUITE 110 Address: 715 BLOOM STREET, STE 205 Address: CELEBRATION, FL 34747 CELEBRATION, FL 34747 City-St-Zip: City-St-Zip:

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

SIGNATURE: DEBI DIORIO PD 02/13/2005