2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000054609

1. Entity Name
PERFECT RESULTS, INC.

Principal Place of Business	Mailing Address
33 NW 10TH AVENUE	P.O. BOX 6335
DELRAY BEACH, FL 33444	DELRAY BCH, FL 33482

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0849110	Not Applicable

5. Certificate of Status Desired   ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BASSA TOLLIVER, JANE
3200 N. MILITARY TRAIL
SUITE 201
BOCA RATON, FL

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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 ___N/A___

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	TOLLIVER, JANE B
STREET ADDRESS	33 NW 10TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	VPT
NAME	BASSA TOLLIVER, JANE
STREET ADDRESS	33 NW 10TH AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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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: ___Jane Bassa Tolliver___   1/18/2007   561-278-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #