

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005463

FILED
Apr 07, 2009
Secretary of State

Entity Name: PURFRESH, INC.

Current Principal Place of Business:

47211 BAYSIDE PKWY
FREMONT, CA 94538

New Principal Place of Business:

Current Mailing Address:

47211 BAYSIDE PKWY
FREMONT, CA 94538

New Mailing Address:

FEI Number: 80-0249339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: COPE, DAVID
Address: 47211 BAYSIDE PKWY
City-St-Zip: FREMONT, CA 94538

Title: SCFO () Delete
Name: PRASAD, RAM
Address: 47211 BAYSIDE PKWY
City-St-Zip: FREMONT, CA 94538

Title: D () Delete
Name: WEISS, WARREN
Address: 70 WILLOW RD., SUITE 200
City-St-Zip: MENLO PARK, CA 94025

Title: DC () Delete
Name: GRAUER, FREDERICK
Address: 52 ATHERTON AVE.
City-St-Zip: ATHERTON, CA 94027

Title: D () Delete
Name: GALLETTI, SCOTT
Address: 300 PARK AVE., 19TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: SHERMAN, MIKE
Address: 400-1367 W. BROADWAY
City-St-Zip: VANCOUVER BC, CANADA V6H 4A7,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: RAM PRASAD

_____ Electronic Signature of Signing Officer or Director

SCFO

04/07/2009

_____ Date