


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N9400005849**  
 1. Entity Name  
**FOR PURPOSE, INC.**



Principal Place of Business 925 FLAMINGO AVE. STUART, FL 34996 US	Mailing Address PO BOX 483 STUART, FL 34995 US
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02032005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0539147</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**MALFREGEOT, KAREN H**  
**925 FLAMINGO AVE.**  
**STUART, FL 34996**

**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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALFREGEOT, KAREN H 925 FLAMINGO AVE STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEWS, EDNA PO BOX 8412 RICHMOND, VA 23228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KUHN, JONNIE-RUTH 4260 S.E. WHITICAR WAY STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRESS, LINDA 6000 W RIVER ROAD NORFOLK, VA 23505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/24/05-80023-021 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: Karen H Malfregeot, Pres. 2/22/05 772-282-1475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #