2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000043648

Entity Name: PURPOSE FINANCIAL GROUP, INC.

FILED Jul 31, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2801 FRUI SUITE 135	TVILLE ROAD				
	A, FL 34237	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	TVILLE ROAD				
SUITE 135 SARASOT	A, FL 34237	US			
FEI Number:	20-0857021	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
CARICO, PAUL J 2230 GREENDALE DRIVE SARASOTA, FL 34232 US 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.					
SIGNATUR					
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CO-P () UCCELLO, SAL 3658 QUIET PO SARASOTA, FL	ND LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CO-P () CARICO, PAUL 2230 GREENDA SARASOTA, FL	ALE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () CARICO, PAUL 2230 GREENDA SARASOTA, FL	ALE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	T () UCCELLO, SAL 3658 QUIET PC SARASOTA, FL	ND LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SALVATORE UCCELLO JR. CO-P 07/31/2006