


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90296 034 ***150.00

DOCUMENT # P04000059712

1. Entity Name
 PURFUSION WORLDWIDE, INC.



Principal Place of Business Mailing Address

315 PLANT AVE 315 PLANT AVE
 TAMPA, FL 33606 TAMPA, FL 33606

50051026

2. Principal Place of Business 3. Mailing Address

202 CRYSTAL GROVE BLVD *P.O. Box 1228*

Suite, Apt. #, etc. Suite, Apt. #, etc.



03012005 Chg-P CR2E034 (10/03)

City & State City & State

LUTZ FL *LUTZ FL*

Zip Country Zip Country

33548 *USA* *33548* *USA*

4. FEI Number Applied For

13-4282908 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STILES, MARY A
 315 PLANT AVE
 TAMPA, FL 33606

7. Name and Address of New Registered Agent

Name
SMALL BUSINESS ACCOUNTING SERVICE

Street Address (P.O. Box Number is Not Acceptable)

202 CRYSTAL GROVE BLVD

City State Zip Code

LUTZ *FL* *33548*

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: *Wendy Carlett* DATE: *5/4/05*

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	<i>D</i>	<input type="checkbox"/> Delete
NAME	<i>NORMAN FARRAR</i>	
STREET ADDRESS	<i>37 PREVINCH</i>	
CITY-ST-ZIP	<i>ALLISTON, ONTARIO CANADA L9R1N8</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* DATE: *5/4/05* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR