

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90036 020 ***150.00

DOCUMENT # P04000153720

1. Entity Name
PURITY CHEMICAL TECHNOLOGIES, INC.



Principal Place of Business
624 HOLCOMB BRIDGE ROAD SUITE 1
ROSWELL, GA 30076

Mailing Address
624 HOLCOMB BRIDGE ROAD SUITE 1
ROSWELL, GA 30076

40004606

2. Principal Place of Business
1930 NW 70th Ave.

3. Mailing Address
 Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
 Suite, Apt. #, etc.

Zip
33126

Country
USA

4. FEI Number
20-1861039

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BLOUGH, EARL V
6879 NW 27TH CT
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *Earl V. Bough* **Vice Pres.** **1-18-05**
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **GANDOLFI, THOMAS D**
 STREET ADDRESS **6460 WESTCHESTER PLACE**
 CITY-ST-ZIP **CUMMING, GA 30040**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MORROW, EARL W**
 STREET ADDRESS **6 LUFBERY CIRCLE**
 CITY-ST-ZIP **WILLIAMSON, GA 30292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **PERRY, STEPHEN C**
 STREET ADDRESS **62 MT PLEASANT SW**
 CITY-ST-ZIP **RANDOLPH, MA 02368**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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, an address, with all other like empowered.

SIGNATURE: *Earl W. Morrow* **1/18/05** **770-642-9855**
Signature and typed or printed name of signing officer or director Date Daytime Phone #