FILED
May 04, 2007 8:00 am
Secretary of State
04-09-2007 90088 047 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003212

1. Entity Name
PURE SOLUTIONS CONSULTING, INC.

66013147

Principal Place of Business	Mailing Address
1999 S BASCOM AVE STE 340 CAMPBELL, CA 95008	1999 S BASCOM AVE STE 340 CAMPBELL, CA 95008
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04052007 Chg-P CR2E034 (12/06)

4. FEI Number: 77-0394074 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

~~LEE, STEPHANIE~~
~~1618 STETSON DRIVE~~
~~WESLEY CHAPEL, FL 33543~~

7. Name and Address of New Registered Agent

Name: CT Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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: Dale W. Morris DALE W. MORRIS ASSISTANT VICE PRESIDENT 4-24-07
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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P LEE, EDDIE P 5942 VALLEY MEADOW COURT SAN JOSE, CA 95135	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior Vice Pres Ken Bramlett, Jr 10700 Sikes Place, suite 395 Charlotte, NC 28277	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Ken Bramlett Jr. 4/24/07 408-540-0460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #