
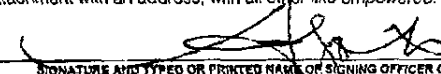


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G99647</b>		
1. Entity Name <b>PURYEAR, INC</b>		
Principal Place of Business <b>16155 SW 117 AVENUE SUITE 12 MIAMI, FL 33177 US</b>		Mailing Address <b>P.O. BOX 013940 MIAMI, FL 33101-3940 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		02212006 No Chg-P CR2E034 (11/05)
4. FEI Number <b>59-2397035</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>DOTSON, ALBERT 17901 S.W. 78TH AVENUE MIAMI, FL 33157</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPTD DOTSON, ALBERT 17901 S.W. 78TH AVE. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DOTSON, EARLENE P. 17901 S.W. 78TH AVE. MIAMI, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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: 		2/22/2006 3052562636 <small>Date Daytime Phone #</small>