

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009444

FILED
May 28, 2009
Secretary of State

Entity Name: PURE THOUGHTS INC.

Current Principal Place of Business:

19181 CAPET CREEK
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

19181 CAPET CREEK
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 06-1664566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWANSON, JENNIFER
19181 CAPET CREEK
LOXAHATCHEE, FL 33470 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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CFOD () Delete
Name: SWANSON, JENNIFER
Address: 19181 CAPET CREEK
City-St-Zip: LOXAHATCHEE, FL 33470

Title: CD () Delete
Name: GAVAR, BRADLEY
Address: 19181 CAPET CREEK
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: BUFFALO, ANTHONY
Address: 19181 CAPET CREEK
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: CHANEY, HOLLY A
Address: 2760 APPALOOSA TRAIL
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER SWANSON

CFO

05/28/2009

Electronic Signature of Signing Officer or Director

Date