

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000006

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: CLEAR PURPOSE, INC.

## Current Principal Place of Business:

17321 LAKE PARK RD.  
BOCA RATON, FL 33487

## New Principal Place of Business:

3311 SPANISH WELLS DRIVE  
48A  
DELRAY BEACH, FL 33445

## Current Mailing Address:

17321 LAKE PARK RD.  
BOCA RATON, FL 33487

## New Mailing Address:

3311 SPANISH WELLS DRIVE  
48A  
DELRAY BEACH, FL 33445

FEI Number: 04-3726283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILHELM, PATRICIA  
17321 LAKE PARK RD.  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

WILHELM, PATRICIA  
3311 SPANISH WELLS DRIVE  
48A  
DELRAY BEACH, FL 33445 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:

04/30/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILHELM, PATRICIA  
Address: 17321 LAKE PARK RD.  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: WILHELM, JAMES  
Address: 17321 LAKE PARK RD.  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: WILHELM, ALETHEA  
Address: 10328 BOCA ENTRADA BLVD., APT. #127  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: WILHELM, PATRICIA  
Address: 3311 SPANISH WELLS DRIVE #48A  
City-St-Zip: DELRAY BEACH, FL 33445

Title: D (X) Change ( ) Addition  
Name: WILHELM, JAMES  
Address: 9790 WALNUT TREE WAY  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D (X) Change ( ) Addition  
Name: WILHELM, ALETHEA  
Address: 3311 SPANISH WELLS DRIVE #48A  
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA WILHELM

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04/30/2005

Electronic Signature of Signing Officer or Director

Date