
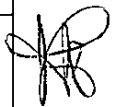

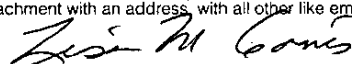


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N04000006368</b> 1. Entity Name <b>VESSELS OF INTEGRITY &amp; PURITY, INC.</b>						<b>FILED</b> <b>06 APR 26 AM 11:02</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>					
Principal Place of Business <b>3539 APALACHEE PARKWAY</b> <b>SUITE 3-144</b> <b>TALLAHASSEE, FL 32311</b>				Mailing Address <b>3539 APALACHEE PARKWAY</b> <b>SUITE 3-144</b> <b>TALLAHASSEE, FL 32311</b>							
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
4. FEI Number <b>20-1350991</b>				Applied For <input type="checkbox"/> Not Applicable				04212006 Chg-NP CR2E037 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>							
<b>6. Name and Address of Current Registered Agent</b> <b>GAINES, LISA</b> <b>3539 APALACHEE PARKWAY</b> <b>SUITE 3-144</b> <b>TALLAHASSEE, FL 32311</b>						<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City					
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>				<b>200074509662</b> <b>05/12/06--01014--010 ***70.00</b>							
<b>10. OFFICERS AND DIRECTORS</b>						<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE: P <input type="checkbox"/> Delete NAME: GAINES, LISA STREET ADDRESS: 3539 APALACHEE PARKWAY, STE. 3-144 CITY-ST-ZIP: TALLAHASSEE, FL 32311						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: D <input type="checkbox"/> Delete NAME: GOODE, YOLANDA STREET ADDRESS: 240 HILLTOP DR. CITY-ST-ZIP: MIDWAY, FL 32343						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE: D <input type="checkbox"/> Delete NAME: PARKER, MICHELENE STREET ADDRESS: 3132 W 85TH ST CITY-ST-ZIP: CHICAGO, IL 60652						TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Parker, Michylene STREET ADDRESS: 2908 Bob O Link Rd. CITY-ST-ZIP: Flossmoor, IL 60422					
TITLE: <input type="checkbox"/> Delete NAME: <input type="checkbox"/> Delete STREET ADDRESS: <input type="checkbox"/> Delete CITY-ST-ZIP: <input type="checkbox"/> Delete						TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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.											
<b>SIGNATURE:</b> 											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											
Date: April 25, 2006											
Daytime Phone #:											