2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000355

Entity Name: PUREHEALTH INC

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3550 NW 24TH BLVD #306 873 CANEEL BAY TERRACE GAINESVILLE, FL 32605 WINTER SPRINGE, FL 32708

Current Mailing Address: New Mailing Address:

3324 W UNIVERSITY AVE PMB 337 873 CANEEL BAY TERRACE GANIESVILLE, FL 32607 WINTER SPRINGS, FL 32708

FEI Number: 72-1593095 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLOCH, ETHAN M
3550 NW 24TH BLVD #306
GAINESVILLE, FL 32605 US

KLEIN, SASHA A
873 CANEEL BAY TERRACE
WINTER SPRINGS, FL 32708 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: SASHA A. KLEIN 04/30/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: BLOCH, ETHAN M Name: BLOCH, ETHAN M Address: 3324 WEST UNIVERSITY AVENUE, PMB 337 Address: 2801 N.W. 23RD BLVD APT. B-16

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32605

Title: S () Delete Title: S (X) Change () Addition

Name: KLEIN, SASHA A Name: KLEIN, SASHA A
Address: 3324 WEST UNIVERSITY AVENUE. PMB 337 Address: 873 CANEEL BAY TERRACE

City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: WINTER SPRINGS, FL 32708

 Name:
 KLEIN, BENJAMIN D
 Name:
 KLEIN, BENJAMIN D

 Address:
 3324 WEST UNIVERSITY AVENUE, PMB 337
 Address:
 873 CANEEL BAY TERRACE

 City-St-Zip:
 GAINESVILLE, FL 32607
 City-St-Zip:
 WINTER SPRINGS, FL 32708

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 KLEIN, BENJAMIN D

 Address:
 Address:
 873 CANEEL BAY TERRACE

 City-St-Zip:
 City-St-Zip:
 WINTER SPRINGS, FL 32708

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: SASHA A. KLEIN S 04/30/2007