

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 JUL 12 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000002375 1. Entity Name THE PURE POET SOCIETY INC.					
Principal Place of Business 1910 E 7TH AVE. TAMPA, FL 33605				Mailing Address 1910 E 7TH AVE. TAMPA, FL 33605	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent HARPER, SANFORD E II 1910 E 7TH AVE. TAMPA, FL 33605				7. Name and Address of New Registered Agent Name SANFORD E HARPER Street Address (P.O. Box Number is Not Acceptable) Knowledge ONE Tower Suite 172831 City Tampa FL Zip Code FL 33672	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARPER, SANFORD E II 1910 E 7TH AVE. TAMPA, FL 33605 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ramona Rindone <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4126 Dolphin Dr Tpa FL 33617 Events Coordinator	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILCOX, LINDA <input checked="" type="checkbox"/> Delete 1910 E 7TH AVE TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500077766235 07/20/06 01010 002 ***70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTNEY, GLENN <input type="checkbox"/> Delete 1910 E 7TH AVE TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONEY, CHARLES <input type="checkbox"/> Delete 1910 E 7TH AVE. TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPITANO, STEVE <input type="checkbox"/> Delete 1910 E 7TH AVE TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INDY, TOBY <input checked="" type="checkbox"/> Delete 1908 E 7TH AVE. TAMPA, FL 33605		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

2/18/06