

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002375

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE PURE POET SOCIETY INC.

Current Principal Place of Business:

5201 N. NEBRESKA
TAMPA, FL 33605

New Principal Place of Business:

5003 FOWLER EAST SUITE A2-11
TAMPA, FL 33617

Current Mailing Address:

KNOWLEDGE ONE TOWERS
172831
TAMPA, FL 33672

New Mailing Address:

5003 FOWLER EAST SUITE A2-11
TAMPA, FL 33617

FEI Number: 75-3185466

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARPER, SANFORD E II
KNOWLEDGE ONE TOWER
SUITE 172831
TAMPA, FL 33672 US

Name and Address of New Registered Agent:

MAN, SAN
5003 FOWLER EAST SUITE
A2-11
TAMPA, FL 33617 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: DR. SAN MAN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARPER, SANFORD E II
Address: KNOWLEDGE ONE TOWER
City-St-Zip: TAMPA, FL 33672

Title: D () Delete
Name: MCCARTNEY, GLENN
Address: KNOWLEDGE ONE TOWERS 172831
City-St-Zip: TAMPA, FL 33672

Title: D () Delete
Name: CONEY, CHARLES
Address: KNOWLEDGE ONE TOWERS 172831
City-St-Zip: TAMPA, FL 33672

Title: D () Delete
Name: CAPITANO, STEVE
Address: KNOWLEDGE ONE TOWERS 172831
City-St-Zip: TAMPA, FL 33672

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: BOD (X) Change () Addition
Name: MAN, SAN
Address: 5003 FOWLER EAST SUITE A2-11
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: MCCARTNEY, GLENN
Address: 5003 FOWLER EAST SUITE A2-11
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: CONEY, CHARLES
Address: 5003 FOWLER EAST SUITE A2-11
City-St-Zip: TAMPA, FL 33617

Title: D (X) Change () Addition
Name: CAPITANO, STEVE
Address: 5003 FOWLER EAST SUITE A2-11
City-St-Zip: TAMPA, FL 33617

Title: D () Change (X) Addition
Name: LEON, CREWS
Address: 5003 FOWLER EAST SUITE A2-11
City-St-Zip: TAMPA, FL 33617

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: DR. SAN MAN

DOB

04/29/2009

Electronic Signature of Signing Officer or Director

Date