


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90043 004 \*\*\*\*61.25

<b>DOCUMENT # N06000001911</b> 1. Entity Name <b>PASSION FOR PURITY, INC.</b>			
Principal Place of Business <b>4938 BISCAYNE DR LAKE WORTH, FL 33463</b>		Mailing Address <b>4938 BISCAYNE DR LAKE WORTH, FL 33463</b>	
2. Principal Place of Business - No P.O. Box # <b>4938 Biscayne Dr.</b>		3. Mailing Address <b>4938 Biscayne Dr.</b>	
Suite, Apt. #, etc. <b>Lake Worth, FL</b>		Suite, Apt. #, etc. <b>Lake Worth, FL</b>	
City & State <b>33463 Palm Beach</b>		City & State <b>33463 Palm Beach</b>	
Zip <b>33463</b>	Country <b>FL</b>	Zip <b>33463</b>	Country <b>FL</b>
4. FEI Number <b>20-4402456</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOORE, ALMA N 4938 BISCAYNE DR LAKE WORTH, FL 33463</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE <i>Alma Noemi Moore, President</i>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>1-17-07</b>  <small>DATE</small> </div> </div>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, ALM N 4938 BISCAYNE DR LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, WANDA L. 4942 Biscayne Dr. Lake Worth FL 33463	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRBY, WANDA L. 4938 BISCAYNE DR LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOK, RICHARD G 112 PENNOCK TRACE DR JUPITER, FL 33458	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, NICOLE 4938 Biscayne Dr. Lake Worth, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, NICOLE 4938 Biscayne Dr. Lake Worth, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, NICOLE 4938 Biscayne Dr. Lake Worth, FL 33463	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" 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 <i>Alma Noemi Moore, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-17-07</b> Daytime Phone # <b>(561) 818-4731</b>	