## 2006 FOR PROFIT CORPORATION

## Mar 23, 2006 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P00000056129 ENVIROPURE TECHNOLOGIES CORPORATION Mailing Address Principal Place of Business 1808 W. HILLS AVE. P.O. BOX 1094 TAMPA, FL 33601 TAMPA, FL 33606 No Chg-P CR2E034 (11/05) 03212006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3700352 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCAS, JONATHAN R DO NOT WRITE 1808 W. HILLS AVE. IN THIS SPACE TAMPA, FL 33606 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bolls, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, quied or printed name of registered again and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 HURODO478784 <del>04/08/06 00019-001 150.00</del> OFFICERS AND DIRECTORS 10. TITLE NAME LUCAS, JONATHAN R STREET AUDRESS 1808 W. HILLS AVE. CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS GITY-ST-ZIP 11315 NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE MILE NAME STREET ACCORESS CHY-ST-ZIP nne MAME STREET ADDRESS CILL - SL - WA

12. Thereby 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all giver like suppowered.

SIGNATURE: .

31312 NAME STREET ADDRESS

> ulllan SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING OFFICER OR DIRECTOR

Dayorca Phone #

**FILED**