FROM : COURTYARD FILMS FAX NO. :

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90300 029 ***150.00

DOCUMENT # P02000124146

1. Entity Name
PURE PLATINUM ENTERPRISES, INC.

50042271

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
1433 SUNSET BLVD HOLLY HILL FL 32117-2921 US	1433 SUNSET BLVD HOLLY HILL FL 32117-2921 US

2. Principal Place of Business	3. Mailing Address
303 Aldrup way	303 Aldrup way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakemary FL	City & State: Lakemary FL
Zip: 32746 Country: US	Zip: 32746 Country: US

4. FEI Number 03-0494332 ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, MARKEITH 303 ALDRUP WAY LAKE MARY FL 32736	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when formatting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, GENEVA GAINES	NAME	
STREET ADDRESS	1433 SUNSET BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117-2921	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, BEVERLY	NAME	
STREET ADDRESS	1433 SUNSET BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HOLLY HILL FL 32117-2921	CITY-ST-ZIP	
TITLE	VPD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MARKEITH	NAME	
STREET ADDRESS	303 ALDRUP WAY	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 other like empowered.

SIGNATURE: [signature] VPD 407-268-3249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #