2006 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000030900

PURPOSE DRIVEN BUSINESS GROUPS, INC



Principal Place of Business

8713 54TH AVENUE E

BRADENTON, FL 34211

Mailing Address

8713 54TH AVENUE E BRADENTON, FL 34211

US

FILED May 03, 2006 08:00 AM Secretary of State



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04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1178391

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JIM GAY, CPA 3984 MANATEE AVE E

DO NOT WRITE

BRADENT	FON, FL 34208		IN THIS SPACE					
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	purpose of changing its registered of	office or registered ag	gent, or both	n, in the State of FlorIda. I am familiar with, and accept			
SIGNATURE	Signature, typed or printed name of registered agent and bite	if applicable. (NOTE, Registered Ag	ent signature required when r	reinslating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	ng \$5.00 № Added to					
10.	OFFICERS AND DIREC	CTORS			· · · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LIGHT, DONALD R 8713 54TH AVENUE E BRADENTON, FL 34211				U00000561202 05/19/06-80005-004 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LIGHT, LINDA M 8713 54TH AVENUE E BRADENTON, FL 34211							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LIGHT, LINDA M 8713 54TH AVENUE E BRADENTON, FL 34211			DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

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 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 appowered.

SIGNATURE:

TITLE NAME STREET ADDRESS