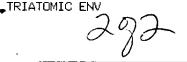
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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000058964 1. Entity Name 04 JUL 26 PM 8: 25 PULSE LIGHT TECHNOLOGIES, INC. SECRETARY OF STATE TALLANDOSSE SLORIDA Principal Place of Business Mailing Address 212 NORTH US HWY ONE STE 21 212 NORTH US HWY ONE STE 21 TEQUESTA, FL 33469 TEQUESTA FL 33469 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 CR2E034 (10/03) 4. FEI Number 20-0023384 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMOUR, ALAN HI Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD STE 1200 WEST PALM BEACH, FL 33401 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRESIDENT TITLE Teleto TITLE ☐ Change ☐ Addition CHRISTOPHER C. WILLETTE NAME NAME 3421 HARBOR RO. S. STREET ADDRESS STREET ADDRESS FL 33469 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change HELLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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. Christopher (. WILLETTE 4-14-04 SIGNATURE:



Pulse Light Technologies, Inc.

212 N. US Hwy 1, Suite 21, Tequesta, FL 33469 800-741-1195, 561-748-4864, Fax: 561-748-4865

e-mail: sales@pulseuv.com Website: www.pulseuv.com

Manufacturer of: **Air Purification Systems**



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Mrs. Dunlap,

This fax cover serves as my acknowledgement that I did not receive the returned annual report filing form asking me to provide my companies FEIN#. At this time I would like to provide you with that number to complete the filing of the annual report.

The FEIN# for Pulse Light Technologies, Inc. (Doc# P03000058964) is: 20-0023384

Thank you/

Christopher C. Willette

President - Pulse Light Technologies, Inc.