2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000153720

FILED Nov 01, 2005 Secretary of State

Entity Name: PURITY CHEMICAL TECHNOLOGIES, IN	NC.		
Current Principal Place of Business:	New Principal Place	of Business:	
1930 NW 70TH AVE MIAMI, FL 33126			
Current Mailing Address:	New Mailing Address	New Mailing Address:	
624 HOLCOMB BRIDGE ROAD SUITE 1 ROSWELL, GA 30076	1930 NW 70TH AVEN MIAMI, FL 33126	UE	
FEI Number: 20-1861039 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
BLOUGH, EARL V 6879 NW 27TH CT MARGATE, FL 33063 US			
The above named entity submits this statement for the pu in the State of Florida.	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Agen	t	Date	

OFFICERS AND DIRECTORS:

62 MT PLEASANT SW

RANDOLPH, MA 02368

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

62 MT PLEASANT ST. REAR

RANDOLPH, MA 02368

Title: () Delete Title: (X) Change () Addition GANDOLFI, THOMAS D GILMORE, DONNA M Name: Name: 16 PELICAN DRIVE 6460 WESTCHESTER PLACE Address: Address: City-St-Zip: CUMMING, GA 30040 City-St-Zip: WALPOLE, MA 02081 Title: () Delete Title: (X) Change () Addition MORROW, EARL W BLOUGH, EARL W Name: Name: Address: Address: 6 LUFBERY CIRCLE 6879 NW 27TH COURT WILLIAMSON, GA 30292 MARGATE, FL 33063 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition Name: PERRY, STEPHEN C Name: PERRY, STEPHEN C

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DONNA GILMORE 11/01/2005 D