2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVEL 8/15/2005-90081-045-\$158-75-\$158.75

DOCUMENT # P04000155748 05 SEP 20 PH 12: 54 PURPLE MOON PAPER COMPANY SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 13908 CROOKED PALM PLACE 13908 CROOKED PALM PLACE ---MIAMI LAKES, FL 33014 US MIAMI LAKES, FL 33014 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 CR2E034 (10/03) Applied For City & State City & State 20-1881679 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SACHS, JOSEPH D 6175 NW 153 STREET Street Address (P.O. Box Number is Not Acceptable) **SUITE 215** MIAMI LAKES, FL 33014 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_Squeaue, typed or presed name of registered aperc and title if explicable. (NOTE: Repistered Apert standure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Criange ☐ Addition TITLE Deleta TITLE GATES, LINDA S NAME 13908 CROOKED PALM PLACE STREET ADDRESS STREET ADDRESS MIAMI LAKES, FL 33014 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DDF Deleta IIILE Change: NAME HAME STREET ADDRESS STREET ADDRESS CITY-SI-77 CITY-SI-ZP TITLE Centre me ☐ Chance ☐ Addition NUME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not quality 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 occorporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears is Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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ATTACHMENT SOUL/606 22

August 9, 2005

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

RE:

Purple Moon Paper Company

Document Number: P04000155748

Upon Receipt of your Annual Report Notice of Intent to Dissolve, I have followed the instructions by visiting the www.sunbiz.org website & downloaded the preprinted form. I entered my document number and proceeded. The next page showed my corporate information and near the bottom of the form, in red, there is a box to check if I did not receive prior notification. I checked that box because in fact I had NOT received and prior notification.

As such, I respectfully request in accordance with s. 607-193(2)(b), F.S. the corporation did not receive the prior notice and you accept the accompanying form and my check in the amount of \$158.75 (\$150.00 for annual report + \$8.75 for Certificate of Status), and file my 2005 annual report.

Thank you in advance for your help in this matter.

Very truly yours,

Linda S. Gates, President

Purple Moon Paper Company

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Enclosures