

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90045 006 \*\*\*150.00

<b>DOCUMENT # P04000164953</b> 1. Entity Name <b>FUTURE AIR PURIFICATIONS &amp; CHEMICAL, INC.</b>																													
Principal Place of Business <b>P.O. BOX 1748 BOCA RATON, FL 33429</b>			Mailing Address <b>P.O. BOX 1748 BOCA RATON, FL 33429</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>23-2627382</b>			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																										
6. Name and Address of Current Registered Agent  <b>GALLICHIO, ELKE 8132 VALHALLA DRIVE DEL REY, FL 33446</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when releasing) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P GALLICHIO, ELKE P.O. BOX 1748 BOCA RATON, FL 33429</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GALLICHIO, ELKE P.O. BOX 1748 BOCA RATON, FL 33429</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="height: 40px;"></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GALLICHIO, ELKE P.O. BOX 1748 BOCA RATON, FL 33429</b> <input type="checkbox"/> Delete																												
	<input type="checkbox"/> Delete																												
	<input type="checkbox"/> Delete																												
	<input type="checkbox"/> Delete																												
	<input type="checkbox"/> Delete																												
	<input type="checkbox"/> Delete																												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
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: <u>Elke Gallichio</u> <b>ELKE GALLICHIO</b> 32305 877-878-660																													