2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 08:00 A tate

DOCUMENT # P06000093881 1. Entity Name PURI HOLDINGS, INC.				Secretary of S		
Principal Plac 4120 US HIG SUITE 400 LAKELAND, F	SHWAY 98 NORTH	Mailing Address 4120 US HIGHWAY 98 NORTH SUITE 400 LAKELAND, FL 33809] 		8708 770 7 107 107 107 107 107 107 107 107 107 107
D	OO NOT WRITE I	01222008 No Chg-P CR2E034 (11/05) 4. FEI Number				
	6. Name and Address of Current Reg	Istered Agent				
PURI, SHAUN ESQ. 1200 W. PLATT STREET SUITE 100 TAMPA, FL 33606				-	NOT WI	
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	Signature, typed or printed name of registered agent and to	d Agent signature required	ure required when reinstalling) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution				.00 May Be ed to Fees		
10.	OFFICERS AND DIR	ECTORS			 	
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	PSTD PURI, RAJINDER S DR. 4120 US HIGHWAY 98 NORTH #40 LAKELAND, FL 33809	3,				
IITLE NAME STREET ADDRESS CITY-ST-ZIP					02/06/08-8	806185 80032-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1		DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SP.	ACE
TITLE NAME STREET ADDRESS						

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 of upplemental 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 retainer 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 without address, with all other like empowered.

SIGNATURE:

THILE NAME STREET ADDRESS CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #