2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 10, 2008 08:00 AN Secretary of State **DOCUMENT # P06000098899** 1. Entity Name PURE LIMOUSINE, INC. Principal Place of Business Mailing Address 1393 PASADENA AVENUE S. 1393 PASADENA AVENUE S. SUITE B-1 SUITE B-1 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 No Chg-P CR2E034 (11/05) 01072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5283411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUROCHER, WILLIAM J DO NOT WRITE 1393 PASADENA AVENUE SOUTH SUITE B-1 IN THIS SPACE ST. PETERSBURG, FL 33707 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PRES TITLE DUROCHER, WILLIAM J NAME 1393 PASADENA AVE SUITE B-1 STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33707 000000853609 03/26/08-80075-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

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 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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with the address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/08

727. 4587626

FILED

Daytime Phone