2007 FOR PROFIT CORPORATION -ANNUAL REPORT (AR)

Mar 14, 2007 8:00 am Secretary of State DOCUMENT # P06000113068 1. Entity Name 03-14-2007 90046 045 ***150.00 PURA VIDA WORLD ENTERPRISES INC. Principal Place of Business Mailing Address 11319 LAKE CYPRESS LOOP 11319 LAKE CYPRESS LOOP SUITE 100 SUITE 100 FORT MYERS FL 33913 FORT MYERS FL 33913 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number applied For Not Applicable Zin Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARSH, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 11319 LAKE CYPRESS LOOP SUITE 100 FORT MYERS FL 33913 Zip Code FL 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, typed or printed name of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be _After May-1, 2007-Fee Will Be \$550.00 --- -Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THU ☐ Defete TITLE Change ☐ Addition MARSH, MICHAEL J NAME. NAME 11319 LAKE CYPRESS LOOP STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST ZIP VP ☐ Change ☐ Addition ☐ Delete HILL MARSH, MICHAEL J NAME 11319 LAKE CYPRESS LOOP STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP SEC HILE ☐ Delete ☐ Change ☐ Addition MARSH, MICHAEL J NAME 11319 LAKE CYPRESS LOOP STREET ADDRESS STREET ADDRESS FORT MYERS EL 32013 CHY_CT_ZIP-Cify-Si-Zif--DIR TITLE Delete TITLE ☐ Addition MARSH, MICHAEL J NAME NAME 11319 LAKE CYPRESS LOOP STREET ADDRESS STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TOTALE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; 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:

FILED