2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 25, 2008 8:00 am Secretary of State

DOCUMENT # P07000061718 1. Entity Name PURIFOY INC.				08-25-2008 9	90004 016 ***150.	.00
Principal Place of Business 4451 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 Mailing Address 4451 ROYAL PALM BEACH BLVD ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411					IZ Be ira anga ayan kada ingga ka	
Principal Place of Business - No P.O. Box # 2524 Dz:ral Way Suite, Apt. #, etc. 2 124 Da Sci Wal		Wal/	08052008	Chg-P	CR2E034 (12/06)	
City & State WP Beach F/			4. FEI Numbe	6-030	5337 Ap	plied For t Applicable
Zip 33407 Country 6. Name and Address of Current	33 407 1	ountry	5. Certificate	of Status Desired	\$8.75 Add Fee Required Registered Agent	
PURIFOY, MACK III 4451 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411	Registered Agent	Street Address	PROCE	IGC/L _ ir is Not Acceptabl	Щ	407
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 and the florida of 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 and the florida of 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 and the florida of 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 agen						
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	corporation did	with s. 607.193(2)(b), I not receive the prior r	notice.
10. OFFICERS AND	□ Delete	STREET ADDRESS	Zrify Man		FICERS AND DIRECTORS Change	S IN 11
IITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
IITLE NAME STREET ADDRESS GNY_SI_ZIP	Delete	NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-S1-Z/P	☐ Delete	NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not quality for the examptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental point 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ill changed, or on an attachment with an atther like expowered. SIGNATURE: SIGNATURE SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR						