

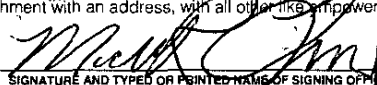


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90247 019 \*\*\*150.00

<b>DOCUMENT # P93000017155</b> 1. Entity Name <b>PURE PRACTICES, INC.</b>																									
Principal Place of Business <b>7137 HWY. 98 W. PANAMA CITY BEACH, FL. 32407</b>			Mailing Address <b>7137 HWY. 98 W. PANAMA CITY BEACH, FL. 32407</b>																						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<b>94072482</b>  																					
City & State		City & State		4. FEI Number <b>59-3133354</b>																					
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																					
6. Name and Address of Current Registered Agent  <b>LEATHERS, MICHAEL R 1944 QUAIL RUN LYNN HAVEN, FL 32444</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 reinstating) DATE _____																									
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																						
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEATHERS, MICHAEL R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1944 QUAIL RUN</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>LYNN HAVEN, FL 32444</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	LEATHERS, MICHAEL R		STREET ADDRESS	1944 QUAIL RUN		CITY- ST- ZIP	LYNN HAVEN, FL 32444		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY- ST- ZIP	
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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:  <b>4/28/04</b> <b>8502343343</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																									