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DOCUMENT #	P96000001277
1. Entity Name	
FRESH & PURE AIR,	INC.

FILED Jan 10, 2001 8:00 am Secretary of State

### DEERRIED BCH FL 33441 US 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Do Not Writte in THIS SPACE Applied \$8,75 Addition For Addition \$8,75 Addition For Addition F							Secretary (11 2	iaie	
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DEERFIELD BCH FL 33441 Suite. Apt. 6, etc. Do Not writte in this space A FEI Number 65-0638953										
Suite, Apt. #, etc. Cry & State Cry & State Cry & State Country Country Zip Country Zip Country Size Additions 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RENNETH C 401 NE 19 AVE #24 DEERFIELD BEACH FL 33441 City FL Zip Code 6. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registere agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems, post or primer name or registered agent and like if applicates. SIGNATURE Systems,	#24 DEERFIELD BCH FL 33441 US		#24 DEERFIELD BCH FL 33441							
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6. Name and Address of Current Registered Agent GRAUER, KENNETH C 401 NE 19 AVE #24 DEERFIELD BEACH FL 33441 City FL Zip Code City	City & State		City & State		4. F	65-0638953			plied For t Applicable	
RETURN THE DEPORT OF PROPERTIES AND DIRECTORS OF STREET ADDRESS OF	Zip	Country	Zip Coun		try	5. (
GRAUER, KENNETH C 401 NE 19 AVE #24 DEERFIELD BEACH FL 33441 City FL Zip Code City		6. Name and Address of Current R	egistered Agent			7. N	Name and Address of New Regis	tered Age	nt	
### A01 NE 19 AVE #24 DEERFIELD BEACH FL 33441 City FL Zip Code			***		Name	_ ~~~_~	and the second second second second	~ ~~		
8. The above named entity submits this statement for the purpose of changing its registered office or rogistered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent entitle if applicable.					Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hyped or printed name of registered agent and tible if applicable.	DEE	RFIELD BEACH FL 33441								
SIGNATURE Signature. typed or printed name of registered agent and title if applicable. (NOTE Registered Agent alignature required when reinstating) Part International Secretary (See criteria on back) Name Check Payable to Department of State Payable to Department of State Title OFFICERS AND DIRECTORS INTERNATIONESS (STREET ADDRESS CITY-ST-2P) TITLE D GRAUER, KENNETH C STREET ADDRESS CITY-ST-2P TITLE D GRAUER, JOANN STREET ADDRESS CITY-ST-2P TITLE D GRAUER, JOANN STREET ADDRESS CITY-ST-2P TITLE D GUSTAFSON, SHERYL STREET ADDRESS CITY-ST-2P TITLE D GUSTAFSON, KENNETH STREET ADDRESS CITY-ST-2P CHARGE TO THE STREET ADDRESS CITY-ST-2P TITLE D GUSTAFSON, KENNETH STREET ADDRESS CITY-ST-2P CHARGE TO THE STREET ADDRESS CITY-ST-2P TITLE D GUSTAFSON, KENNETH STREET ADDRESS CITY-ST-2P CHARGE TO THE STREET ADDRESS CITY-ST-2P C					City	-		FL	Zip Code)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 11. OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 13. OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 14. OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 15. OR ARME SIREET ADDRESS CITY-ST-ZIP 16. Election Campaign Financing Trust Fund Contribution. State Interement of State 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTEREMONESS CITY-ST-ZIP 17. OR ARME SIREET ADDRESS CITY-ST-ZIP 17. OR ARME SIREET ADDRESS CITY-ST-ZIP 17. OR ARME SIREET ADDRESS CITY-ST-ZIP 17. Change Change CITY-ST-ZIP 17. C	8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or regi	stered ag	ent, or both, in the State of Florida			
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CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes.										

I nereby 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 suppliemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

954-425-4099