
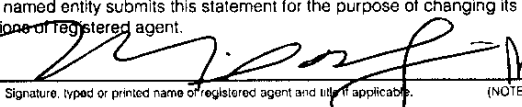
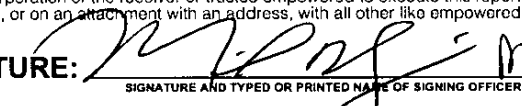


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90862 016 ***150.00

DOCUMENT # P97000071099 1. Entity Name PURE ENERGY ENTERTAINMENT, INC.					
Principal Place of Business 1638 E ATLANTIC BLVD SUITE 17 POMPANO BEACH, FL 33060 US			Mailing Address 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060		
2. Principal Place of Business - No P.O. Box # 1638 E. Atlantic Blvd			3. Mailing Address 1638 E. Atlantic Blvd.		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Pompano Beach FL			City & State Pompano Beach FL		
Zip 33060			Zip 33060		
Country USA			Country USA		
4. FEI Number 65-0775057			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent STUPARITZ, ALAN D 900 E. ATLANTIC BLVD. SUITE 17 POMPANO BEACH, FL 33060			7. Name and Address of New Registered Agent Name Michael Sipe Street Address (P.O. Box Number is Not Acceptable) 1638 E. Atlantic Blvd. City Pompano Beach FL Zip Code 33060		
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:  Michael Sipe DATE: 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SIPE, MICHAEL 4803 KENSINGTON CIRCLE CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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:  Michael Sipe DATE: 4/26/07 DAYTIME PHONE: 954-782-9118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					