


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT# P98000013854		
1. Entity Name DETOXIFICATION AND PURIFICATION SYSTEMS, INC.		

Principal Place of Business 10805 N 53RD ST TAMPA FL 33617	Mailing Address 10805 N 53RD ST TAMPA FL 33617
------------------------------------------------------------------	------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0945774	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--------------------------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------------------------------------------	--------------------------------

6. Name and Address of Current Registered Agent WOODBIDGE, DAVID D 10805 N 53RD ST TAMPA FL 33617

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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
-----------	--------------------------------------------------------------	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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	D WOODBIDGE, DAVID D 10805 N 53RD ST TAMPA FL 33617 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD U000000223873 02/10/05-80062-003 158.75 <input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODBIDGE, THOMAS C 365 WILSON AVE SATELLITE BEACH FL 32937 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SICILIA, TERRY R #6 HAVENWOOD TR ORMOND BEACH FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>David D. Woodbridge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/8/05 (419) 985-0256 Date Daytime Phone #
-------------------------------------------------------------------------------------------------------------	-----------------------------------------------