2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2005 8:00 am Secretary of State DOCUMENT # P99000038816 04-11-2005 90145 030 ***158.75 PURINTON ENTERPRISES, INC. Principal Place of Business Mailing Address 6278 N FEDERAL HWY 2407 SE 15TH STREET 40052271 POMPANO BEACH, FL 33062 #493 FORT LAUDERDALE, FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0917261 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PURINTON, STEVEN B Street Address (P.O. Box Number is Not Acceptable) 2407 SE 15 Style.+ % STEVEN PURINTON 2633 NE 6 AVE STE G FORT LAUDERDALE, FL 33334 Pompano Beach 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. 4-7-65 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE PURINTON, STEVEN B Purinton, Steven B NAME NAME 2407 SE 15 Street STREET ADDRESS 2633 NE 6TH AVE STE O STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL. 33334 CITY-ST-7IP Pompano Beach, FL 33062 ☐ Delete TITLE ☐ Change ☐ Addition TITLE PURINTON, APRIL M NAME STREET ADDRESS 2407 SE 15TH STREET STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. 4-7-05 SIGNATURE: _ Daytime Phone

FILED