



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 121475		2. Name of Corporation Multi-Pure International			
3. Street Address Principal Business Office 7251 Cathedral Rock Drive			City Las Vegas	State Nevada	Zip 89128-0434
4. Business Phone No (702) 360-8880		5. State of Incorporation NEVADA		6. SIC Code 5884	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE OF WATER PURIFICATION SYSTEMS, FILTERS, AND ACCESSORIES THROUGH INDEPENDENT DISTRIBUTORS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name H. Allen Rice			Vice President Name		
Street Address 7251 Cathedral Rock Drive			Street Address		
City Las Vegas	State NV	Zip 89128	City	State	Zip
Secretary Name Alvin E. Rice			Treasurer Name Alvin E. Rice		
Street Address 7251 Cathedral Rock Drive			Street Address		
City Las Vegas	State NV	Zip 89128	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name H. Allen Rice			Director Name Alvin E. Rice		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
25,000 COMM \$1.00 PAR VALUE			2,000	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



121475

File Date **FILED**
Check No. **MAY 05 2005**
By: **UB**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Alvin E. Rice** Date **2/21/05**

Alvin E. Rice
Print or Type Name of Officer
Secretary
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 121475		2. Name of Corporation Multi-Pure International			
3. Street Address Principal Business Office 7251 CATHEDRAL ROCK DRIVE			City LAS VEGAS	State NEVADA	Zip 89128-0434
4. Business Phone No. (702) 360-8880		5. State of Incorporation NEVADA			6. SIC Code 5884
Brief Description of the Character of Business Conducted in Rhode Island SALE OF WATER PURIFICATION SYSTEMS, FILTERS, AND ACCESSORIES THROUGH INDEPENDENT DISTRIBUTORS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name H. ALLEN RICE			Vice President Name		
Street Address 7251 CATHEDRAL ROCK DRIVE			Street Address		
City LAS VEGAS	State NV	Zip 89128	City	State	Zip
Secretary Name ALVIN E. RICE			Treasurer Name ALVIN E. RICE		
Street Address 7251 CATHEDRAL ROCK DRIVE			Street Address 7251 CATHEDRAL ROCK DRIVE		
City LAS VEGAS	State NV	Zip 89128	City LAS VEGAS	State NV	Zip 89128
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name H. ALLEN RICE			Director Name ALVIN E. RICE		
Street Address 7251 CATHEDRAL ROCK DRIVE			Street Address 7251 CATHEDRAL ROCK DRIVE		
City LAS VEGAS	State NV	Zip 89128	City LAS VEGAS	State NV	Zip 89128
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
25,000	COMM	\$1.00 PAR VALUE	2,000	Common	\$2,000.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 4 7 5 *

File Date 3-1-04
Check No. 20103
By: Sc
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Alvin E. Rice 2/23/04
Signature of Officer Date

Alvin E. Rice
Print or Type Name of Officer

Sec/Tres
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **121475** 2. Name of Corporation **Multi-Pure International**
3. Street Address Principal Business Office **7251 Cathedral Rock Drive** City **Las Vegas** State **NV** Zip **89128-0434**
4. Business Phone No. **(702) 360-8880** 5. State of Incorporation **NEVADA** 6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island **Sale of water purification systems, filters, & accessories through independent distributors**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name H. Allen Rice	Vice President Name
Street Address 7251 Cathedral Rock Drive	Street Address
City State Zip Las Vegas NV 89128-0434	City State Zip
Secretary Name Alvin E. Rice	Treasurer Name Alvin E. Rice
Street Address 7251 Cathedral Rock Drive	Street Address 7251 Cathedral Rock Drive
City State Zip Las Vegas NV 89128-0434	City State Zip Las Vegas NV 89128-0434

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name H. Allen Rice	Director Name Alvin E. Rice
Street Address 7251 Cathedral Rock Drive	Street Address 7251 Cathedral Rock Drive
City State Zip Las Vegas NV 89128	City State Zip Las Vegas NV 89128-0434
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
25,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 Comm 2,000.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 4 7 5 *

File Date: 2/24/03

Check No.: 16399

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/5/03
Signature of Officer Date

H. Allen Rice
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: **21475** 2. Name of Corporation: **Multi-Pure International**
 3. Street Address Principal Business Office: **7251 Cathedral Rock Drive** City: **Las Vegas** State: **Nevada** Zip: **89128-0434**
 4. Business Phone No: **(702) 360-8880** 5. State of Incorporation: **NEVADA** 6. SIC Code: **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island: **Sales of water purification systems, filters, and accessories through independent distributors**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: **Alvin E. Rice** ~~XXXXXXXXXX~~ **H. Allen Rice**
 Street Address: **7251 Cathedral Rock Drive** Street Address: **7251 Cathedral Rock Drive**
 City: **Las Vegas** State: **Nevada** Zip: **89128-0434** City: **Las Vegas** State: **Nevada** Zip: **89128-0434**

Secretary Name: _____ Treasurer Name: _____
 Street Address: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: **Alvin E. Rice** Director Name: **H. Allen Rice**
 Street Address: **7251 Cathedral Rock Drive** Street Address: **7251 Cathedral Rock Drive**
 City: **Las Vegas** State: **Nevada** Zip: **89128-0434** City: **Las Vegas** State: **Nevada** Zip: **89128-0434**

Director Name: _____ Director Name: _____
 Street Address: _____ Street Address: _____
 City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
 Number of Shares: **25,000** Class/Series: _____ Par Value: _____
25,000 COMM \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
 Number of Shares: **2,000** Class/Series: _____ Par Value: _____

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 1 4 7 5 *

File Date: 2-25-02
 Check No.: 12778
 By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
 Signature of Officer: [Signature] Date: 2/20/02
Alvin E. Rice President
 Print or Type Name of Officer: _____