FILED
Apr 17, 2006 08:
Secretary of S

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 852713

1. Entity Name
ERIMAR CORPORATION N.V.

Principal Place of Business	Mailing Address
615 DORSEY RD BEL AIR, MD 21014	HEUVELSTRAAT 14 5131 AP ALPHEN NB NRTHERLANDS,

04062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0054414
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000514935
04/29/06-80187-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	HENNART, SONDRA G.
STREET ADDRESS	615 DORSEY RD
CITY-ST-ZIP	BEL AIR, MD 21014
TITLE	D
NAME	CURACAO CORP. COMPANY NV
STREET ADDRESS	DE RUYTERKADE 62
CITY-ST-ZIP	CURACAO, NETH. ANT.,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sondra Grace Hennart 6 April 2006 0031-13-5061831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

sandra@gracefullyput.com