



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000007482		
1. Entity Name CURBELL PLASTICS, INC.		
Principal Place of Business 7 COBHAM DRIVE ORCHARD PARK, NY 14127		Mailing Address 7 COBHAM DRIVE ORCHARD PARK, NY 14127
DO NOT WRITE IN THIS SPACE		
		04242006 No Chg-P CR2E034 (11/05)
4. FEI Number 20-3391129		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		
DO NOT WRITE IN THIS SPACE		
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 _____ <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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		DATE 05/12/06-80061-026 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT LEONE, THOMAS E 7 COBHAM DRIVE ORCHARD PARK, NY 14127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SABUDA, CHRISTINE 7 COBHAM DRIVE ORCHARD PARK, NY 14127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINO, CARMEN 38 KOSER ROW AMHERST, NY 14226	
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:  THOMAS E. Leone		4-25-06 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		716-667-3377 Daytime Phone #