## FILED Jan 31, 2008 08:00 AN Secretary of State

| ANNUAL REPORT  |                          |      |  |  |  |  |
|--|--------------------------|------|--|--|--|--|
| DOCUMENT # H58600  1. Entity Name D & E CURIOS, INC. |                          |      |  |  |  |  |
| Principal Place of Business                          | Mailing Address          |      |  |  |  |  |
| 2614 BLOSSOM ROAD                                    | % ELAINE P. WHITING      |      |  |  |  |  |
| WEST PALM BEACH, FL 33406                            | 2614 BLOSSOM ROAD        |      |  |  |  |  |
|  | WEST PALM BEACH, FL 3340 | )6   |  |  |  |  |
|  | 1                        | W. W |  |  |  |  |
|  |                          |      |  |  |  |  |

| Mailing Address  ### ELAIN P. \$\text{PALM BCACH, FL. 33406}  #### SET PALM BCACH, FL. 33406  ###################################  |  |   |                         |                        | COO WE THE  |   |   |  |                   |
|--|--|---|-------------------------|------------------------|---|---|---|--|-------------------|
| DO NOT WRITE IN THIS SPACE    4. FEI Number   S9-2533683   No. Chg.P.   CR26034 (11/05)  | 2614 BLOSS   | OM ROAD                                       | % ELAINE F<br>2614 BLOS | P. WHITING<br>SOM ROAD |   |   |   |  |                   |
| the obligations of registered agent.    Signature   Si | 6. Name and Address of Current Registered Agent WHITING, ELAINE P. 2614 BLOSSUM ROAD |   |                         | CE                     | 01142008  4. FEI Numbe 59-2533  5. Certificate of | 01142008         No Chg-P         CR2E034 (11/05)           4. FEI Number 59-2533683         Applied Fo Not Application of Status Desired           5. Certificate of Status Desired         \$8.75 Additional Fee Required |   |  |                   |
| After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  11ILE MANAWE SINEER ADDRESS DITY-ST-ZIP DITLE MANAWE SINEER ADDRESS DITY-ST-ZIP DITLE MILE MANAWE SINEER ADDRESS DITY-ST-ZIP DITLE MILE MANAWE SINEER ADDRESS DITY-ST-ZIP DITLE MILE MILE MILE MILE MILE MILE MILE MI  | the obligat  | ions of registered agent.                     |                         |                        |   |   |   | Derbuz coru.<br>o sta élaH en<br>o verant ad | JOHN TOTAL 19 1 B |
| MANNE  |  |   | ·                       |                        | · _ •   |   |   |  |                   |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS  | PD<br>WHITING, ELAINE P.<br>2614 BLOSSOM ROAD | AND DIRECTORS           |                        |   |   |   | ,  |                   |
| NAME STREET ADDRESS CITY-ST-ZIP  DO NOT WRITE IN THIS SPACE  IN THIS SPACE  INTHIS SPA | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                         |                        |   |   | U0000<br>02/08/08                       | 10809481<br>3-80023-                         | 022 150.00        |
| NAME SIREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP   | name<br>Street address   |   |                         |                        |   | DO  | NOT W                                   | /RITE  |                   |
| NAME STREET ADDRESS CITY-ST-ZIP TITILE NAME STREET ADDRESS CITY-ST-ZIP   | NAME<br>Street address   |   |                         |                        |   | IN 7  | THIS SI                                 | PACE   |                   |
| NAME STREET ADDRESS CITY-SI-ZIP  | name<br>Street address   | ,   |                         |                        |   |   | · · · · · · · · · · · · · · · · · · ·   |  |                   |
|  | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                         |                        |   |   | • |  |                   |

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 expowered.

SIGNATURE:

NG OFFICER OR DIRECTOR