2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 27, 2006 08:00 AM DOCUMENT # K47294 Secretary of State 1. Entity Name CURCURU CORP. Principal Place of Business Mailing Address 21391 HARBORSIDE PORT CHARLOTTE FL 33952 21391 HARBORSIDE PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. It, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE) Number Applied Fc: 65-0084194 Not Applie: Zio 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 Name NAUMAN, TED Street Address (P.O. Box Number is Not Acceptable) 2421 SHREVE ST PUNTA GORDA FL 33950 City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature typen or printed name of registered agent and risk if applicable (NOTE Registered Agent signature migrated when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May: After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. BILE Detete TITLE Change NAME CURCURU, SAM N. MANAE U00000404900 STREET ADDRESS 21391 HARBORSIDE STREET ADDRESS 02/07/06 80019-009 150.00 PORT CHARLOTTE FL 33952 DITY-57-21P CITY-ST-ZIP SZT ☐ Delete ☐ Addit TITLE DILE ☐ Change NAME CURCURU, SHIRLEY NAME STREET ADDRESS 21391 HARBORSIDE STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33952 City-ST-ZIP TITLE Delete HILE ☐ Change NAME MARKE STREET ADDRESS STRULL AODRESS CITY-ST-782 CITY-ST-ZIP TITLE Defete ☐ Change ☐ Addis. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Defete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP MILE Delete Change ☐ Additio NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-DP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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.

aucura

SIGNATURE:

FILED

1-22-06

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