

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010840

FILED
Apr 11, 2006
Secretary of State

Entity Name: FICURMA, INC.

Current Principal Place of Business:

17816 HICKORY MOSS PLACE
TAMPA, FL 33647

New Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637

Current Mailing Address:

17816 HICKORY MOSS PLACE
TAMPA, FL 33647

New Mailing Address:

8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637

FEI Number: 20-0505764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONATELLI, BENJAMIN N
17816 HICKORY MOSS PLACE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

DONATELLI, BENJAMIN N
8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

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.

SIGNATURE:

04/11/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CZERNIEC, TIM
Address: 1130 NE SECOND AVE
City-St-Zip: MIAMI SHORES, FL 33161

Title: D () Delete
Name: LIVINGSTON, RANDY
Address: 3400 GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: ARMUL, JACK
Address: 150 W UNIVERSITY BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PAIGE, ELLEN
Address: 2800 UNIVERSITY BLVD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Delete
Name: NEER, HOWARD
Address: 3301 COLLEGE AVE
City-St-Zip: FT LAUDERDALE, FL 33314

Title: D (X) Delete
Name: MCENIRY, ALLEN
Address: 901 S FLAGLER AVE
City-St-Zip: W PALM BCH, FL 33416

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCENIRY, ALLEN
Address: 901 S FLAGLER AVE
City-St-Zip: W PALM BCH, FL 33416

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN DONATELLI

MR.

04/11/2006

Electronic Signature of Signing Officer or Director

Date