# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2006**
**Secretary of State**

DOCUMENT# N05000010885

**Entity Name:** CURVZ OF DYSTYNCTION RYDERS INC

**Current Principal Place of Business:**

1025 ASSISI LANE
506
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12745
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number: 20-3693164** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NARCISSE, LATRICE D
1025 ASSISI LANE
506
ATLANTIC BEACH, FL 32233 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: NARCISSE, LATRICE D
Address: 1025 ASSISI LANE #506
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: VP ( ) Delete
Name: PELSEY, BENITA
Address: 1618-5 EL CAMINO ROAD
City-St-Zip: JACKSONVILLE, FL 32216 US

Title: SEC ( ) Delete
Name: FLOWERS, MELANIE G
Address: 1025 ASSISI LANE #805
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: TREA ( ) Delete
Name: FLOWERS, MELANIE G
Address: 1025 ASSISI LANE #805
City-St-Zip: ATLANTIC BEACH, FL 32233 US

**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: ( ) 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: MELANIE FLOWERS SEC 04/29/2006

Electronic Signature of Signing Officer or Director — Date