

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090834

Entity Name: ARTHRITISIZE, INC.

FILED  
Apr 19, 2005  
Secretary of State

## Current Principal Place of Business:

P O BOX 372684  
SATELLITE BEACH, FL 32937 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 372684  
SATELLITE BEACH, FL 32937 US

## New Mailing Address:

FEI Number: 59-3682082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOSSIVER, DAVID  
675-1A ROSEWOOD COURT  
INDIAN HARBOUR BEACH, FL 32937 US

## Name and Address of New Registered Agent:

KOSSIVER, DAVID G  
675-1A ROSEWOOD COURT  
INDIAN HARBOUR BEACH, FL 32937 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: DAVID G. KOSSIVER

04/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CURTY, BARBARA I  
Address: 2647 TRINIDAD CIRCLE  
City-St-Zip: MELBOURNE, FL 32934

Title: V ( ) Delete  
Name: KOSSIVER, DAVID G  
Address: 675-1A ROSEWOOD COURT  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: S ( ) Delete  
Name: KOSSIVER, LINDA S  
Address: 675-1A ROSEWOOD COURT  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: T ( ) Delete  
Name: CURTY, EUGENE P  
Address: 2647 TRINIDAD CIRCLE  
City-St-Zip: MELBOURNE, FL 32934

## 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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA I. CURTY

PRES

04/19/2005

Electronic Signature of Signing Officer or Director

Date