

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043217

FILED
Jul 29, 2008
Secretary of State

Entity Name: THE CURE WATER DAMAGE INC.

Current Principal Place of Business:

22101 US 19 NORTH
CLEARWATER, FL 33765

New Principal Place of Business:

22095 U.S. 19 NORTH
CLEARWATER, FL 33765

Current Mailing Address:

22101 US 19 NORTH
CLEARWATER, FL 33765

New Mailing Address:

22095 U.S. 19 NORTH
CLEARWATER, FL 33765

FEI Number: 41-2037971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AREND, TONY
22101 US 19 NORTH
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

AREND, TONY
22095 U.S. 19 NORTH
CLEARWATER, FL 33765 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:

07/29/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: NEUMANN, ART
Address: 3206 DERONDA DR
City-St-Zip: LOS ANGELES, CA 90068

Title: P () Delete
Name: AREND, TONY
Address: 22101 US HWY 19 N
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: NEUMANN, KATHY
Address: 1613 SOUTH LADY MARY DRIVE
City-St-Zip: CLEARWATER, FL 33756

Title: P (X) Change () Addition
Name: AREND, TONY
Address: 22095 U.S. 19 N
City-St-Zip: CLEARWATER, FL 33765

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY AREND

P

07/29/2008

Electronic Signature of Signing Officer or Director

Date