


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90240 041 \*\*\*150.00

<b>DOCUMENT # P03000117337</b>	
1. Entity Name DOT.CURB TROWELS, INC.	

Principal Place of Business 1243 JENKS AVE PANAMA CITY, FL 32401	Mailing Address PO BOX 1728 PANAMA CITY, FL 32402
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2. Principal Place of Business - No P.O. Box # <b>2926 14TH ST.</b>	3. Mailing Address Suite, Apt. #, etc.
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City & State <b>PANAMA CITY, FL</b>	City & State
Zip <b>32401</b>	Country <b>PAY</b>

03292007 Chg-P CR2E034 (12/06)

4. FEI Number <del>50-3549407</del> <b>20-0317236</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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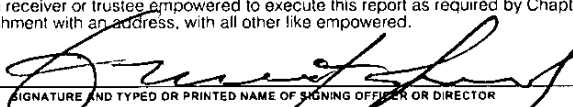
6. Name and Address of Current Registered Agent  JAMES, EVERETT B JR 1243 JENKS AVE PANAMA CITY, FL 32401	
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7. Name and Address of New Registered Agent Name <b>JAMES, EVERETT B., JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2926 14TH ST.</b> City <b>PANAMA CITY</b> FL Zip Code <b>32401</b>	
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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 accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES, EVERETT B JR 1243 JENKS AVE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES + DIR</b> <b>JAMES, EVERETT B., JR.</b> <b>2926 14TH ST.</b> <b>PANAMA CITY, FL 32401</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>4/7/07</b> <small>Date</small>