



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90045 006 \*\*\*150.00

<b>DOCUMENT # P04000024842</b>					
<b>1. Entity Name</b> THE CURIOSITY SHOPPE INC.					
<b>Principal Place of Business</b> 8486 DYNASTY DRIVE BOCA RATON, FL 33433			<b>Mailing Address</b> 8486 DYNASTY DRIVE BOCA RATON, FL 33433		
<b>2. Principal Place of Business</b> 430 N.E. 21 <sup>st</sup> Court Suite, Apt. #, etc.		<b>3. Mailing Address</b> 430 N.E. 21 <sup>st</sup> Court Suite, Apt. #, etc.			
City & State Wilton Manors, FL		City & State Wilton Manors, FL		<b>4. FEI Number</b> 20-0750899	
Zip 33305		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DEVEIKIS, WALTER H 8486 DYNASTY DRIVE BOCA RATON, FL 33433			<b>7. Name and Address of New Registered Agent</b>  Name: Develite, Walter H. Street Address (P.O. Box Number is Not Acceptable): 430 N.E. 21 <sup>st</sup> Court City: Wilton Manors FL Zip Code: 33305		
<b>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.</b>					
SIGNATURE: <u>Walter H. Develite</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVEIKIS, WALTER H 8486 DYNASTY DRIVE BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Develite, Walter H. 430 N.E. 21 <sup>st</sup> Court Wilton Manors, FL 33305	<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
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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
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
SIGNATURE: <u>Walter H. Develite</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					