2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2005 8:00 am Secretary of State **DOCUMENT # P04000089612** 04-11-2005 90184 038 ***150.00 1. Entity Name HIGH CURIOSITY, INC. Principal Place of Business Mailing Address 39 OAKLAND COURT 39 OAKLAND COURT TEQUESTA, FLORIDA, 33469 PR TEQUESTA, FLORIDA, 33469 PR 2. Principal Place of Business 3. Mailing Address 378 A tequesta 378 A TR Suite, Apt. #, etc. 04042005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1267550 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIN, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 39 OAKLAND COURT TEQUESTA, FL 33469 Zip Code 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. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when restating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE Delete TITLE ☐ Change STEIN, ROBERT E MAME NAME STREET ADDRESS 39 OAKLAND COURT STREET ADDRESS CITY-SI-7P TEQUESTA, FL 33469 CHY-ST-ZIP TITLE ☐ Delete TETLE Change ☐ Addition STEIN, ROBERT E NAME NAME 39 OAKLAND COURT STREET ADERESS STREET ADDRESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP MLE 11111 ☐ Change ☐ Detete ■ Addition STEIN, ROBERT E NAME STREET ADDRESS 39 OAKLAND COURT STREET ADDRESS CITY-ST-2IP TEQUESTA, FL 33469 CITY-ST-ZIP TIFLE Delate TITLE ☐ Change Addition STEIN, ROBERT E NAME STREET ADDRESS 39 OAKLAND COURT STREET ADORESS CITY-ST-ZIP TEQUESTA, FL 33469 CITY-ST-ZIP THIE □ Delete TITLE ☐ Change Addition YAVE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CEY-ST-7IP Addition Delete TITLE ☐ Change MARK MAZAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 true empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or truchanged, or on an attachment with SIGNATURE:

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