2006 FOR PROFIT CORPORATION ANNUAL REPORT

THE NAME STREET ADDRESS CITY -ST-ZIP

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P04000089612 1. Entity Name HIGH CURIOSITY, INC. Principal Place of Business Mailing Address 378 A TEQUESTA DRIVE 378 A TEQUESTA DRIVE JUPITER, FL 33469 JUPITER, FL 33469 No Chg-P 04212006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1267550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STEIN, ROBERT E DO NOT WRITE 39 OAKLAND COURT TEQUESTA, FL 33469 IN THIS SPACE 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 if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000557771 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 05/17/06-80064-006 150.00 10. OFFICERS AND DIRECTORS TITLE STEIN, ROBERT E NAME STREET ADDRESS 39 OAKLAND COURT TEQUESTA, FL 33469 CITY-ST-ZIP VÞ TITLE STEIN, ROBERT E NAME STREET ADDRESS 39 OAKLAND COURT CITY-ST-ZIP TEQUESTA, FL 33469 TITLE NAME STEIN, ROBERT E STREET ADDRESS 39 OAKLAND COURT DO NOT WRITE CITY-ST-ZIP TEQUESTA, FL 33469 TITLE IN THIS SPACE STEIN, ROBERT E NAME STREET ADDRESS 39 OAKLAND COURT CITY-ST-ZIP TEQUESTA, FL 33469 TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 chapter 407.

SIGNATURE: Xolutto Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR