


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000089612**

1. Entity Name  
**HIGH CURIOSITY, INC.**



Principal Place of Business  
**378 A TEQUESTA DRIVE  
 JUPITER, FL 33469**

Mailing Address  
**378 A TEQUESTA DRIVE  
 JUPITER, FL 33469**

**DO NOT WRITE IN THIS SPACE**



07092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1267550**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**STEIN, ROBERT E  
 39 OAKLAND COURT  
 TEQUESTA, FL 33469**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEIN, ROBERT E
STREET ADDRESS	39 OAKLAND COURT
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	VP
NAME	STEIN, ROBERT E
STREET ADDRESS	39 OAKLAND COURT
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	S
NAME	STEIN, ROBERT E
STREET ADDRESS	39 OAKLAND COURT
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	T
NAME	STEIN, ROBERT E
STREET ADDRESS	39 OAKLAND COURT
CITY-ST-ZIP	TEQUESTA, FL 33469
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/28/07-80004-015 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Robert E. Stein* **8/21/2007** **961-775-0556**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #