



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90020 020 \*\*\*150.00

<b>DOCUMENT # P04000127032</b> 1. Entity Name <b>CUSTOMIZED CURRICULUM, INC.</b>					
Principal Place of Business <b>338 E LEMON STREET TARPON SPRINGS, FL 34689</b>			Mailing Address <b>338 E LEMON STREET TARPON SPRINGS, FL 34689</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
06302005      Chg-P      CR2E034 (10/03)				4. FEI Number <b>20-3357818</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAMERON, CARRIE 338 E LEMON STREET TARPON SPRINGS, FL 34689</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Carrie Cameron</i></u> DATE: <u>7/6/2005</u> <small>(NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FOSTER, JAMES F 338 E LEMON STREET TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSO BROWN, THOMAS 338 E LEMON STREET TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CAMERON, CARRIE 338 E LEMON STREET TARPON SPRINGS, FL 34689	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.			SIGNATURE: <u><i>Carrie Cameron</i></u> DATE: <u>7/6/2005</u> Daytime Phone # <u>727-942 0388</u>		