

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000052748

Entity Name: DOCTOR CURB.COM, INC.

FILED
Apr 06, 2006
Secretary of State

Current Principal Place of Business:

3410 IDLEWILD STREET
PORT CHARLOTTE, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

3410 IDLEWILD STREET
PORT CHARLOTTE, FL 33980 US

New Mailing Address:

FEI Number: 86-1104232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JAMES, RHONDA
3410 IDLEWILD STREET
PORT CHARLOTTE, FL 33980 US

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.

SIGNATURE: RHONDA JAMES

04/06/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAMES, DERRO
Address: 3410 IDLEWILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D () Delete
Name: JAMES, RHONDA
Address: 3410 IDLEWILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D () Delete
Name: JAMES, PRIMROSE
Address: 3410 IDLEWILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: D () Delete
Name: JAMES, CECIL
Address: 3410 IDLEWILD STREET
City-St-Zip: PORT CHARLOTTE, FL 33980 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DERRO JAMES

D

04/06/2006

Electronic Signature of Signing Officer or Director

Date