


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 031 ***150.00

DOCUMENT # P05000057370	
1. Entity Name CURRENT INNOVATIONS, INC.	

Principal Place of Business 5121 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33544	Mailing Address 5121 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33544
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2. Principal Place of Business 11435 CRESTLAKE VILLAGE DR.	3. Mailing Address P.O. BOX 3316
Suite, Apt. #, etc. RIVERVIEW	Suite, Apt. #, etc. P.O. BOX 3316
City & State RIVERVIEW	City & State RIVERVIEW
Zip 33569	Country U.S.A.

08292006 Chg-P CR2E034 (11/05)

4. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD GREEN, BRIAN <input checked="" type="checkbox"/> Delete 5121 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ROBINSON, JEFFREY <input type="checkbox"/> Delete 5121 SILVER CHARM TERRACE WESLEY CHAPEL, FL 33544
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD ROBINSON, JEFFREY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11435 CRESTLAKE VILLAGE DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD ROBINSON, FAITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11435 CRESTLAKE VILLAGE DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEFF ROBINSON **08/29/2006** **813.760.5729**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #