2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90102 041 ***150.00

DOCUMENT # P05000082281

1. Entity Name
CURTSHALL ENTERPRISES INC.

Principal Place of Business	Mailing Address
1878 DR. ANDRES WAY 4344 DELRAY BEACH, FL 33445 US	1878 DR. ANDRES WAY 4344 DELRAY BEACH, FL 33445 US

04202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1880 DR. ANDRES WAY	1880 DR. ANDRES WAY
Suite, Apt. #, etc. #16	Suite, Apt. #, etc. #16
City & State DELRAY BEACH, FL	City & State DELRAY BEACH FL
Zip 33445 / Country USA	Zip 33445 / Country U.S.A

4. FEI Number 20-2956842 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, JAMES JR.
1878 DR. ANDRES WAY
4344
DELRAY BEACH, FL 33445

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1880 DR. ANDRES WAY
#16
City DELRAY BEACH FL Zip Code 33445

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
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARSHALL, JAMES JR. 1878 DR. ANDRES WAY, SUITE 4344 DELRAY BEACH, FL 33445	☐ Delete	☒ Change ☐ Addition 1880 DR. ANDRES WAY #16
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RICHARD, CURTIS JR. 1878 DR. ANDRES WAY, SUITE 4344 DELRAY BEACH, FL 33445	☐ Delete	☒ Change ☐ Addition 1880 DR. ANDRES WAY #16
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: [signature] 3/24/07 561-272-7055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #