

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 CURTSALL ENTERPRISES INC.		

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

2. Principal Place of Business - No P.O. Box # 1880 DR. ANDRES WAY Suite, Apt. #, etc. #16	3. Mailing Address 1880 DR. ANDRES WAY Suite, Apt. #, etc. #16
---	---

City & State DELRAY BEACH, FL	City & State DELRAY BEACH, FL
Zip 33445	Country U.S.A

04202007 Chg-P CR2E034 (12/06)

4. FEI Number
20-2956842

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 _____ 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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	---

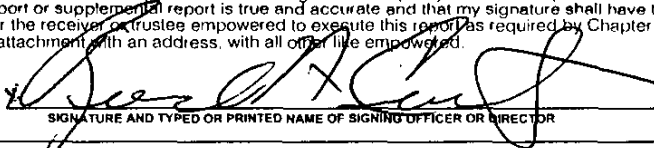
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, JAMES JR. 1878 DR. ANDRES WAY, SUITE 4344 DELRAY BEACH, FL 33445 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD, CURTIS JR. 1878 DR. ANDRES WAY, SUITE 4344 DELRAY BEACH, FL 33445 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1880 DR. ANDRES WAY #16
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 1880 DR. ANDRES WAY #16
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  3/24/07 561-272-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #