


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90007 034 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P05000095608</b><br>1. Entity Name<br>ACUTURN, INC.  |  |   |   |    |  |
| Principal Place of Business<br>80 MAIN STREET<br>C/O NEIL L. PRUPIS<br>WEST ORANGE, NJ 07052 US  |  |   | Mailing Address<br>80 MAIN STREET<br>C/O NEIL L. PRUPIS<br>WEST ORANGE, NJ 07052 US   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>c/o John J. Piret</b><br>Suite, Apt. #, etc.<br><b>56 New Hook Road</b><br>City & State<br><b>Bayonne, New Jersey</b><br>Zip<br><b>07002</b>  |  | 3. Mailing Address<br><b>John J. Piret</b><br>Suite, Apt. #, etc.<br><b>PO Box 231, 56 New Hook Rd</b><br>City & State<br><b>Bayonne, New Jersey</b><br>Zip<br><b>07002</b> |   | 4. FEI Number<br><b>20-3160978</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Country<br><b>USA</b>  |  | Country<br><b>USA</b>   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301  |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br>PIRET, JOHN SR <input checked="" type="checkbox"/> Delete<br>80 MAIN STREET-C/O NEIL L. PRUPIS<br>WEST ORANGE, NJ 07052 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | John J. Piret <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>56 New Hook Road, PO Box 231<br>Bayonne, New Jersey 07002   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>PIRET, JOHN SR <input checked="" type="checkbox"/> Delete<br>80 MAIN STREET-C/O NEIL L. PRUPIS<br>WEST ORANGE, NJ 07052 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | John J. Piret <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>56 New Hook Road, PO Box 231<br>Bayonne, NJ 07002   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>John J. Piret</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><b>JOHN J. PIRET, President</b>  |  |   | <div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">4/9/07</div> <div>201-436-2230</div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Date</span> <span>Daytime Phone #</span> </div> |   |  |

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