2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 11, 2007 8:00 am Secretary of State

DOCUMENT # P06000038539 1. Entity Name CONTOURE INT, INC.					07-11-2007	' 90077 017 ***15	50.00	
Principal Place of Business Mailir		Mailing Address			,			
1540 NORTHGATE BLVD SARASOTA, FL 34234		1540 NORTHGATE BLVD SARASOTA, FL 34234			1 18 21 (8 21)		D)((00/DD)((0/3D)(0)(0)(D) (((0/0)(D)	111 03 (11 (20 1
Principal Place of Business - No P O. Box # 3. Mailing Address						1		
Suite, Apt. #, etc.		Suite, Apt #, etc.		07042007	Chg-P	CR2E034 (12/06)		
City & State		City & State			4. FEI Numb	057682		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired	See Require	
Name and Address of Current Registered Agent				Name	7. Name and	Address of New I	Registered Agent	
EBBESON, ANDERS				Name				
1540 NORTHGATE BLVD SARASOTA, FL 34234				Street Address (P.O. Box Number is Not Acceptable)				
i.							·	
				City	FL Zip Code			
	named entity submits this statement folions of registered agent.	or the purpose of changing its i	registere	d office or register	ed agent, or bo	th, in the State of F	londa. I am familiar with,	, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and life if applicable (NOTE	Registered	Agunt signature required	when reinstating)	·. · · · ·	DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finar Trust Fund Contribution.					00 May Be ed to Fees		with s. 607.193(2)(b), I not receive the prior	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11
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12. Thereby certify that the information supplied with this filing does not quality 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:

Karena Fatta SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-07

941-556-1041

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