2004 FOR PROFIT CORPORATION

Jan 27, 2004 08:00 AM ANNUAL-REPORT **Secretary of State** DOCUMENT # P93000033699 1. Entity Name CURTIS TRADEGROUP, INC. Mailing Address Principal Place of Business P.O. BOX 17575 5188 SUNNYDALE CIR. SOUTH SARASOTA, FL 34276 SARASOTA, FL 34233 US US 01112004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0407491 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HABERMAN, JAMES M DO NOT WRITE 5188 SUNNYDALE CIR. SOUTH SARASOTA, FL 34233 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME JAMES M. HABERMAN 5188 SUNNYDALE CIR, SOUTH STREET ADDRESS CITY-ST-ZIP SARASOTA, FL - U00000014279 01/27/04-80017-011 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Haberman

1/12/03

(941) 927-2333

FILED