


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000033699</b>	
<b>1. Entity Name</b> CURTIS TRADGROUP, INC.	

<b>Principal Place of Business</b> 5188 SUNNYDALE CIR. SOUTH SARASOTA FL 34233 US	<b>Mailing Address</b> P.O. BOX 17575 SARASOTA FL 34276 US
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 65-0407491	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
HABERMAN, JAMES M 5188 SUNNYDALE CIR. SOUTH SARASOTA FL 34233		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	FL Zip Code

**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.

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when constituting)</small>	<small>DATE</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<b>000000520645</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>	JAMES M. HABERMAN			<b>NAME</b>	05/02/06-80105-001 150.00		
<b>STREET ADDRESS</b>	5188 SUNNYDALE CIR. SOUTH			<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>	SARASOTA FL			<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> Delete		<b>TITLE</b>		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
<b>NAME</b>				<b>NAME</b>			
<b>STREET ADDRESS</b>				<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>				<b>CITY-ST-ZIP</b>			

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

<b>SIGNATURE:</b>		<b>James M. Haberman</b>	<b>15 April 2006</b>	<b>941-927-2333</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>