


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90003 044 ***150.00

DOCUMENT # P97000020087	
1. Entity Name CUBICLE CURTAIN FACTORY, INC.	

Principal Place of Business 1300 ELIZABETH AVE WEST PALM BEACH FL 33401 US	Mailing Address 1300 ELIZABETH AVE WEST PALM BEACH FL 33401 US
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2. Principal Place of Business 425 Kanuga Drive	3. Mailing Address 425 Kanuga Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

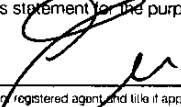
2nd MOORE CR2E034 (4/06)

City & State West Palm Bch., FL	City & State West Palm Bch., FL
Zip 33401	Country Palm Bch.
Zip 33401	Country Palm Bch.

4. FEI Number 65-0743177	Applied For <input type="checkbox"/> Not Applicable
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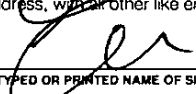
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SERIO, ARTHUR F III 1300 ELIZABETH AVE WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Arthur F Serio III Street Address (P.O. Box Number is Not Acceptable) 425 Kanuga Drive City West Palm Bch., FL Zip Code 33401
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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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 8/2/2006
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FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME SERIO III, ARTHUR F STREET ADDRESS 8506 BEACONHILL ROAD CITY - ST - ZIP PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE PD NAME Serio III, Arthur F STREET ADDRESS 8159 Bautista Way CITY - ST - ZIP Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE EVPD NAME SERIO, STEPHANIE S STREET ADDRESS 8506 BEACONHILL ROAD CITY - ST - ZIP PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SERIO, ELIZABETH A STREET ADDRESS 8506 BEACONHILL ROAD CITY - ST - ZIP PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SERIO, KAREN I STREET ADDRESS 8506 BEACONHILL ROAD CITY - ST - ZIP PALM BEACH GARDENS FL 33410 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE VPD NAME Serio, Karen I STREET ADDRESS 8159 Bautista Way CITY - ST - ZIP Palm Beach Gardens, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	<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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 8/2/2006 DAYTIME PHONE # 561 838 5259
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