2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# P98000086861

Entity Name: CURB SYSTEMS OF NORTHEAST FLORIDA, INC.

Current Principal Place of Business:

6370 US 1 NO
BLDG 8
ST AUGUSTINE, FL 32095

New Principal Place of Business:

6370 US 1 NORTH
BLDG 8
ST AUGUSTINE, FL 32095

Current Mailing Address:

6370 US 1 NO
BLDG 8
ST AUGUSTINE, FL 32095

New Mailing Address:

6370 US 1 NORTH
BLDG 8
ST AUGUSTINE, FL 32095

FEI Number: 59-3548372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLIGOOD, GARY L
6370 US 1 NO
BLDG 8
ST AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

ALLIGOOD, GARY L
6370 US 1 NORTH
BLDG 8
ST AUGUSTINE, FL 32095 US

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.

SIGNATURE: 07/03/2006
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALLIGOOD, GARY
Address: 6370 US 1 NORTH, BUILDING #8
City-St-Zip: ST AUGUSTINE, FL 32095

Title: VP ( ) Delete
Name: ALLIGOOD, JUDY S
Address: 157 MARINE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALLIGOOD, GARY L
Address: 6370 US 1 NORTH, BUILDING #8
City-St-Zip: ST AUGUSTINE, FL 32095

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. ALLIGOOD P 07/03/2006
Electronic Signature of Signing Officer or Director — Date