


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|   |         |     |  |   |  |
|---|---------|-----|--|---|--|
| <b>DOCUMENT # H05313</b>  |         |     |  |                |  |
| 1. Entity Name<br><b>CBLS, INC.</b>   |         |     |  |   |  |
| Principal Place of Business<br><b>1623 S.W. 6TH AVENUE<br/>CAPE CORAL FL 33991</b>  |         |     | Mailing Address<br><b>1623 S.W. 6TH AVENUE<br/>CAPE CORAL FL 33991</b> |   |  |
| 2. Principal Place of Business  |         |     | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |         |     | Suite, Apt. #, etc.  |   |  |
| City & State  |         |     | City & State   |   |  |
| Zip   | Country | Zip | Country  | 4. FCI Number<br><b>59-2462939</b>  |  |
|   |         |     |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CRAMER, MARY J<br/>1405 S.W. 5TH PL<br/>CAPE CORAL FL 33991</b>   |         |     |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
|   |         |     |  | 7. Name and Address of New Registered Agent   |  |
|   |         |     |  | Name  |  |
|   |         |     |  | Street Address (P.O. Box Number is Not Acceptable)  |  |
|   |         |     |  | City  |  |
|   |         |     |  | <b>FL</b> 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. |         |     |  |   |  |



1st MOORE CR2E034 (10/05)

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                             |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |                                 |                              |
|----------------------------|-----------------------------|---------------------------------|--|---|--|---------------------------------|------------------------------|
| TITLE                      | <b>P</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | <b>CRAMER, HENRY M</b>      |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | <b>1405 S.W. 5TH PL</b>     |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | <b>CAPE CORAL FL 33991</b>  |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | <b>S</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | <b>CRAMER, DAVID</b>        |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | <b>1623 S.W. 6TH AVENUE</b> |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | <b>CAPE CORAL FL 33991</b>  |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      | <b>T</b>                    | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       | <b>CRAMER, DANIEL</b>       |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             | <b>608 S.E. 8TH STREET</b>  |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                | <b>CAPE CORAL FL 33991</b>  |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                             |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                             |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP   |  |                                 |                              |
| TITLE                      |                             | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME                       |                             |                                 |  | NAME  |  |                                 |                              |
| STREET ADDRESS             |                             |                                 |  | STREET ADDRESS  |  |                                 |                              |
| CITY-ST-ZIP                |                             |                                 |  | CITY-ST-ZIP   |  |                                 |                              |

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05/11/06-80014-005 150.00

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.

SIGNATURE: *Henry M. Cramer* 4/26/06 (239) 770-7700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR