
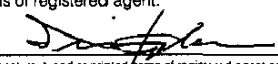
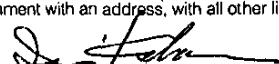


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90020 046 ***150.00

DOCUMENT # P98000022516 1. Entity Name OUR BOYS, INC.					
Principal Place of Business 198 NW 79TH ST MIAMI, FL 33150			Mailing Address 198 NW 79TH ST MIAMI, FL 33150		
2. Principal Place of Business 3600 N.W. 37 Court Suite, Apt. #, etc.			3. Mailing Address 3600 N.W. 37 Court Suite, Apt. #, etc.		
City & State Miami, Fl.			City & State Miami, Fl.		
Zip 33142		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LUBIN, JOEL 198 NW 79TH ST MIAMI, FL 33150			7. Name and Address of New Registered Agent Name Irwin Kahan Street Address (P.O. Box Number is Not Acceptable) 3600 N.W. 37 Court City Miami FL Zip Code 33142		
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) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHAN, IRWIN SUMMERTREE AVE BOYNTON BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irwin Kahan 3600 N.W. 37 Court Miami, Florida 33142
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAHAN, TEMI SUMMERTREE AVE BOYNTON BEACH, FL 33446	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Temi Kahan 3600 N.W. 37 Court Miami, Florida 33142
<input checked="" 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"/> Delete				
<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					
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:  IRWIN KAHAN _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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