2006 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

May 01, 2006 08:00 AM Secretary of State DOCUMENT # \$11000 1. Entity Name ALYSAB, INC. Principal Place of Business Mailing Address **BOX N 4837** 200 SOUTH BISCAYNE BLVD. NASSAU, BAHAMAS. 00000-7000 SIXTH FLOOR MIAMI, FL 33131 04282006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 65-0226777 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRANT, BARRY -DO NOT WRITE C/O BDPB 200 S. BISCAYNE BLVD., SIXTH FLOOR IN THIS SPACE MIAMI, FL 33131 6. 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent algosture required when renstating) U00000555112 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 05/16/06-80017-018 150**.0**0 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPTS TITLE LOURDIN, YVES NAME STREET ADDRESS CHARLOTTE HSE.SHIRLEY ST CITY-ST-ZIP NASSAU BAHAMAS, 31515 LOURDIN, MATTY NAME STREET ADDRESS CHARLOTTE HOUSE CHARLOTTE ST. CITY-ST-ZIP NASSAU, BA TITLE NAME BRANT, BARRY STREET ADDRESS 200 SOUTH BISCAYNE BLVD., 6TH FL DO NOT WRITE MIAMI, FL 33131 CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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 path; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, 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: LOOPER