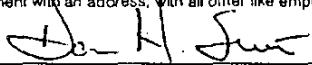


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90003 036 ***150.00

DOCUMENT # F94000001408 1. Entity Name TUBEX, INC.					
Principal Place of Business INDUSTRIAL AIR PARK P.O. BOX 1547 LOUISA, VA 23093-1547			Mailing Address INDUSTRIAL AIR PARK P.O. BOX 1547 LOUISA, VA 23093-1547		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 62-1344596	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00					
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 NAME STREET ADDRESS CITY- ST- ZIP	PSD SCOTT, DAN H INDUSTRIAL AIR PARK, P.O. BOX 1547 LOUISA, VA 23093		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV GUERRERO, MANUEL P O BOX 1547 LOUISA, VA 23093		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD JONSSON, DENNIS S-244 02 FURULUND SWEDEN,		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV JOSE CHAVES P.O. BOX 1547 LOUISA, VA 23093		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV JOSE CHAVES P.O. BOX 1547 LOUISA, VA 23093		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV JOSE CHAVES P.O. BOX 1547 LOUISA, VA 23093		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DV JOSE CHAVES P.O. BOX 1547 LOUISA, VA 23093		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 			15 MAY 2006 540.967.0733		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		