## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000005982

Name: Address:

City-St-Zip:

9225 US HWY 183 SOUTH

AUSTIN, TX 78747

FILED Mar 22, 2005 Secretary of State

**Entity Name: CUBIX CORPORATION Current Principal Place of Business: New Principal Place of Business:** 9225 US HWY 183 SOUTH AUSTIN, TX 78747 **Current Mailing Address: New Mailing Address:** 9225 US HWY 183 SOUTH AUSTIN, TX 78747 FEI Number: 74-2245056 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRENNER, LEONARD BRENNER, LEONARD 3709 SW 42ND AVE., #2 6322 NW 18TH DRIVE GAINESVILLE, FL 32608 US SUITE 170 GAINESVILLE, FL 32653 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: 03/22/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition KRENZKE, RICK J Name: Name: 9225 US HWY 183 SOUTH Address: Address: City-St-Zip: AUSTIN, TX 78747 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCDANIEL, MARC Name: 9225 US HWY 183 SOUTH Address: Address: AUSTIN, TX 78747 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition HARROLD, ELSTON C JR. Name: Name: 9225 US HWY 183 SOUTH Address: Address: City-St-Zip: AUSTIN, TX 78747 City-St-Zip: Title: () Delete Title: () Change () Addition MARTIN, DODD H

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: RICK KRENZKE D 03/22/2005