


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001297

1. Entity Name
 TUBA-X-MAS, INC.



Principal Place of Business
 2119 WINTERBOURNE W.
 ORANGE PARK, FL 32073

Mailing Address
 2119 WINTERBOURNE W.
 ORANGE PARK, FL 32073

DO NOT WRITE IN THIS SPACE



02232006 No Chg-NP CR2E037 (11/05)

4. FCI Number
 59-3760817

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

HALL, ARTHUR L
 2119 WINTERBOURNE W.
 ORANGE PARK, FL 32073

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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 _____

Filing Fee is \$61.25
Due by May 1, 2006

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

1100001447034
 03/08/06 80066-021 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	PO HALL, ARTHUR L 2119 WINTERBOURNE W. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY ST ZIP	STD HALL, SUNA J 2119 WINTERBOURNE W. ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY ST ZIP	CD DICKMAN, MARC 10352 MARBLE EGRETS DR JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY ST ZIP	VPD TALLMAN, LARRY 4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 322468273
TITLE NAME STREET ADDRESS CITY ST ZIP	D VANECK, ROBB 13700 RICHMOND DR. #1108 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY ST ZIP	

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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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE: Suna Hall Suna Hall, Sec. Treas. Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR