

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90388 037 ***150.00

DOCUMENT # P00000027158					
1. Entity Name KABANG, INC.					
Principal Place of Business 13531 SUMMERTON DR ORLANDO, FL 32824			Mailing Address 717 E OAK STREET KISSIMMEE, FL 34744		
2. Principal Place of Business 11500 Westwood Blvd.		3. Mailing Address			
Suite, Apt. #, etc. #712		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State			
Zip 32821		Country US		Zip Country	
6. Name and Address of Current Registered Agent BELL, STEVEN C 13531 SUMMERTON DR ORLANDO, FL 32824				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11500 Westwood Blvd. #712 City Orlando FL Zip Code 32821	
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 _____ Signature, typed or printed name of registered agent and file if applicable (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	DP DEXTER, ROBERT G 2686 RUNYON CIR ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KANIA, WILLIAM 767 LEONARDO CT. KISSIMMEE, FL 34758		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUDHA, EON 2340 THE OAKS BLVD. KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, STEVEN C 13531 SUMMERTON DR ORLANDO, FL 32824		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 11500 Westwood Blvd. #712 Orlando, FL 32821	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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:			4/28/06 407 662 0148		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		