

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000041405

1. Entity Name  
 K.U.B., INC.



Principal Place of Business  
 2213 SW 40TH ST.  
 CAPE CORAL, FL 33914

Mailing Address  
 1318 LAFAYETTE STREET  
 CAPE CORAL, FL 33904



01182006 No Chg-P GR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-1085624

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

HILL, THOMAS W  
 1318 LAFAYETTE STREET  
 CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when re-filing)

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**

TITLE	D
NAME	BUSSFELD, KLAUS
STREET ADDRESS	CHAMMUENSTLERSTR. 6 81827 MUENCHEN
CITY-ST-ZIP	GERMANY,
TITLE	D
NAME	BUSSFELD, UTA
STREET ADDRESS	CHAMMUENSTLERSTR. 6 81827 MUENCHEN
CITY-ST-ZIP	GERMANY,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000402846  
 02/03/06-80024-013 150.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-25-06

Date

Daytime Phone # \_\_\_\_\_