


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90370 007 \*\*\*158.75

<b>DOCUMENT # P00000073817</b>		
1. Entity Name CU PRODUCTS, INC.		

Principal Place of Business 402 S. ARMENIA AVE. SUITE 133 TAMPA, FL 33609	Mailing Address 402 S. ARMENIA AVE. SUITE 133 TAMPA, FL 33609
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2. Principal Place of Business  <b>431 E. Central Blvd. Unit 905 Orlando, FL 32801</b>	3. Mailing Address  <b>431 E. Central Blvd. Unit 905 Orlando, FL 32801</b>
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40074206

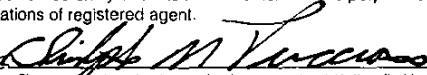


04202006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3663332</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	


6. Name and Address of Current Registered Agent  TUCCARONE, CHRISTOPHER M 4515 WEST LEONA ST TAMPA, FL 33629	
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7. Name and Address of New Registered Agent  <b>Christopher Tucciarone 431 E. Central Blvd. Unit 905 Orlando, FL 32801</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or re... the obligations of registered agent.		with, and accept
SIGNATURE: 	(NOTE: Registered Agent signature required when reinstating)	DATE: <b>4-20-06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUCCARONE, CHRISTOPHER M 402 S. ARMENIA AVE., SUITE 133 TAMPA, FL 33609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Christopher Tucciarone 431 E. Central Blvd. Unit 905 Orlando, FL 32801</b> <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	Date: <b>4-20-06</b> 813476-1100