2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # P02000031368 1. Entity Name INFOUS, INC Principal Place of Business Mailing Address 5452 CORAL WAY 5452 CORAL WAY ORLANDO, FL 32839 ORLANDO, FL 32839 04112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0065766 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIES, JEFF DO NOT WRITE 5452 CORAL WAY ORLANDO, FL 32839 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees U00000509844 OFFICERS AND DIRECTORS 10. 04/28/06-80053-024 150.00 TITLE NAME DAVIES, JEFF STREET ADDRESS 5452 CORAL WAY CITY-ST-ZIP ORLANDO, FL 32839 TITLE NAME DAVIES, MANUELA STREET ADDRESS 5452 CORAL WAY CITY-ST-7IF ORLANDO, FL 32839 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-78P TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 receivenor 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:

3.00 NAME STREET ADDRESS CITY-ST-ZIP