


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000081561  
 1. Entity Name  
 KABA HOLDINGS, INC.



Principal Place of Business      Mailing Address  
 2258 SW GOLDEN BEAR WAY      2258 SW GOLDEN BEAR WAY  
 PALM CITY, FL 34990              PALM CITY, FL 34990



03052006      No Chg-P      CRZE034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 57-1180642      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CUCCURESE, NANDO R  
 2258 SW GOLDEN BEAR WAY  
 PALM CITY, FL 34990

**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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUCCURESE, NANDO R 2258 SW GOLDEN BEAR WAY PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUCCURESE, GLORIA V 2258 SW GOLDEN BEAR WAY PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000465574  
 03/22/06-80041-016 150.00

**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: \_\_\_\_\_      3/7/06      7723493175  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #