## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000108561

Entity Name: KUBED, INC.

FILED Jan 09, 2006 Secretary of State

| Current Principal Place of Business:                    |                             |                                   | New Princ                           | New Principal Place of Business:                   |  |
|---|-----------------------------|-----------------------------------|-------------------------------------|--|--|
| 2370 SW (   | COLLEGE R                   | COAD                              |                                     |  |  |
| OCALA, F  | L 34474                     |                                   |                                     |  |  |
| Current Mailing Address:                                |                             |                                   | New Maili                           | New Mailing Address:                               |  |
| 2370 SW (   | COLLEGE R                   | COAD                              |                                     |  |  |
| OCALA, F  | L 34474                     |                                   |                                     |  |  |
| FEI Number  | : 80-0079173                | FEI Number Applied For ( )        | FEI Number Not App                  | licable ( ) Certificate of Status Desired ( )      |  |
| Name and  | l Address o                 | f Current Registered Agent:       | Name and                            | Address of New Registered Agent:                   |  |
| WILSON, DAVID A<br>1409 NE 22 AVE<br>OCALA, FL 34470 US |                             |                                   | SIMONS, 0<br>121 NW 3F<br>OCALA, FI | RD ST.   |  |
|   | named enti<br>e of Florida. | ty submits this statement for the | purpose of changing i               | its registered office or registered agent, or both |  |
| SIGNATURE: GARY SIMONS                                  |                             |                                   | 01/09/2006                          |  |  |
|   | Elect                       | ronic Signature of Registered Ag  | ent                                 | Date   |  |
| Election Car  | mpaign Financ               | cing Trust Fund Contribution ( ). |                                     |  |  |
| OFFICERS AND DIRECTORS:                                 |                             |                                   | ADDITION                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS        |  |
| Title:  | D                           | ( ) Delete                        | Title:                              | D (X) Change ( ) Addition                          |  |
| Name:   |                             | ER, MARTHA                        | Name:                               | FLEISCHAKER, KAY                                   |  |
| Address:  | 5961 SW 7                   |                                   | Address:                            | 2370 SW COLLEGE RD                                 |  |
| City-St-Zip:  | OCALA, FL                   | 34474                             | City-St-Zip:                        | OCALA, FL 34474                                    |  |
| Title:  | D                           | ( ) Delete                        | Title:                              | D (X) Change ( ) Addition                          |  |
| Name:   | KRIETEMEY                   | ER, LARRY                         | Name:                               | COX, KAREN   |  |
| Address:  | 5961 SW 7                   |                                   | Address:                            | 2370 SW COLLEGE RD.                                |  |
| City-St-Zip:  | OCALA, FL                   | 34474                             | City-St-Zip:                        | OCALA, FL 34474                                    |  |
| Title:  | D                           | (X) Delete                        | Title:                              | ( ) Change ( ) Addition                            |  |
| Name:   | FLEISHER E                  | ER, KAY                           | Name:                               |  |  |
| Address:  | 2020 SE 15                  |                                   | Address:                            |  |  |
| City-St-Zip:  | OCALA, FL                   | 34471                             | City-St-Zip:                        |  |  |
| Title:  | D                           | (X) Delete                        | Title:                              | ( ) Change ( ) Addition                            |  |
| Name:   | COX, KARE                   | ` '                               | Name:                               | · · · · · · · · · · · · · · · · · · ·              |  |
| Address:  | 2020 SE 15                  |                                   | Address:                            |  |  |
| City-St-Zip:  | OCALA, FL                   |                                   | City-St-Zip:                        |  |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAY FLEISCHAKER D 01/09/2006