

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000108561

FILED  
Jan 09, 2006  
Secretary of State

Entity Name: KUBED, INC.

## Current Principal Place of Business:

2370 SW COLLEGE ROAD  
104  
OCALA, FL 34474

## New Principal Place of Business:

## Current Mailing Address:

2370 SW COLLEGE ROAD  
104  
OCALA, FL 34474

## New Mailing Address:

FEI Number: 80-0079173      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, DAVID A  
1409 NE 22 AVE  
OCALA, FL 34470      US

## Name and Address of New Registered Agent:

SIMONS, GARY  
121 NW 3RD ST.  
OCALA, FL 34471      US

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.

SIGNATURE: GARY SIMONS

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: KRIETEMEYER, MARTHA  
Address: 5961 SW 7 AVE ROAD  
City-St-Zip: Ocala, FL 34474

Title: D      ( ) Delete  
Name: KRIETEMEYER, LARRY  
Address: 5961 SW 7 AVE ROAD  
City-St-Zip: Ocala, FL 34474

Title: D      (X) Delete  
Name: FLEISHER ER, KAY  
Address: 2020 SE 15TH LANE  
City-St-Zip: Ocala, FL 34471

Title: D      (X) Delete  
Name: COX, KAREN  
Address: 2020 SE 15TH LANE  
City-St-Zip: Ocala, FL 34471

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: FLEISCHAKER, KAY  
Address: 2370 SW COLLEGE RD  
City-St-Zip: Ocala, FL 34474

Title: D      (X) Change ( ) Addition  
Name: COX, KAREN  
Address: 2370 SW COLLEGE RD.  
City-St-Zip: Ocala, FL 34474

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

Date