2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

May 08, 2006 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P03000158339 05-08-2006 90301 003 ***150.00 1. Entity Name CLINT P. LUBY, INC. ्, पुणणण् Principal Place of Business Mailing Address 404 SE 10TH CT. 404 SE 10TH CT. CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 05012006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 58-2678227 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUBY, CLINT P DO NOT WRITE 404 SE 10TH CT. CAPE CORAL, FL 33990 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LUBY, CLINT P NAME STREET ADDRESS 404 SE 10TH CT. CITY-ST-ZIP CAPE CORAL, FL 33990 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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 prother like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

239-9/0-4834