## **FILED 2006 FOR PROFIT CORPORATION** Apr 17, 2006 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P04000035048** 1. Entity Name ORUB ACCESS GROUP, INC. Principal Place of Business Mailing Address 4613 NW 47TH CT 4613 NW 47TH CT TAMARAC, FL 33319 TAMARAC, FL 33319 04072006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 3. 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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing

		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ROSENBERG, WILLIAM JR 4613 NW 47TH CT TAMARAC, FL 33319	_
BITLE NAME STREET ADDRESS CSTY-ST-ZIP		

1100000513992 04/29/06-80153-012 158.75

DO NOT WRITE IN THIS SPACE

\$5.00 May Be

Added to Fees

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 the carron or implemental recipies with this many does not qualify the exemption of the carron or implemental recipies of the support or implemental recipies of the support of implemental recipies and support of implemental recipies of the support of implemental recipies of implement
	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 cath; that I am an officer or director
	of the corporation or the receiver or trustee empewered 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 attachmetht with an address, with all other life empowered.

TITLE MAME STREET ADDRESS

HAME STREET ADDRESS CITY-ST-ZIP DILE HAME STREET ADDRESS CTTY-ST-ZIP TITLE NAUF. STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

WILLIAM GOSENBERGJR. 4-11-06