2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100767

Entity Name: ALBUS, INC.

City-St-Zip:

TALLAHASSEE, FL 32311

FILED Apr 15, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|---|------------------------------------|------------------------------------|--|--|
| 216 ROSS ROAD TALLAHASSEE, FL 32 | | New 1 mospai 1 mose c | | |
| Current Mailing Address: | | New Mailing Address: | | |
| PO BOX 5612 TALLAHASSEE, FL 32 | 314 | | | |
| FEI Number: 20-1334258 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | New Registered Agent: | |
| MCCARTHY, ROBERT 216 ROSS ROAD TALLAHASSEE, FL 32 | | | | |
| The above named entit in the State of Florida. | y submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| Election Campaign Financ | ing Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: D Name: MCCARTHY, | | Title: Name: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT MCCARTHY D 04/15/2009