2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000144999

Entity Name: KBA BUSINESS, INC

City-St-Zip:

SAO PAULO, BR 05630

FILED Aug 15, 2006 Secretary of State

Littly Nan	ie. NDA DOS	INESS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
9753 S ORANGE BLOSSOM TRAIL SUITE 202 ORLANDO, FL 32837				5154 DR PHILLIPS BLVD ORLANDO, FL 32819			
Current Mailing Address:				New Mailing Address:			
2155 LAKE DEBRA DRIVE APT 826 ORLANDO, FL 32835				8243 SANDBERRY BLVD ORLANDO, FL 32819			
FEI Number:	20-1776311	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desir	ed ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HADBA, ANDREA 2155 LAKE DEBRA DRIVE APT 826 ORLANDO, FL 32835 US				HADBA, ANDREA 8243 SANDBERRY BLVD ORLANDO, FL 32819 US			
The above in the State		submits this statement for the p	ourpose o	f changing i	ts registere	d office or registered agent	, or both,
SIGNATURE: ANDREA HADBA				08/15/2006			
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	NOGUEIRA, EL	DE GOIAS AVE 1ST FL		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	P () HADBA, ANDRE 2155 LAKE DE ORLANDO, FL	BRA DRIVE		Title: Name: Address: City-St-Zip:	P HADBA, AN 8243 SAND ORLANDO,	BERRY BLVD	
Title: Name: Address:	HADBA, VERA	Delete SE TEIXEIRA # 102		Title: Name: Address:		() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ANDREA HADBA P 08/15/2006