2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 19, 2007 08:00 AM DOCUMENT # P05000015462 **Secretary of State** 1. Entity Name WABI-SABI, INC. Principal Place of Business Mailing Address 2806 CORRINE DRIVE 2806 CORRINE DRIVE ORLANDO, FL 32803 ORLANDO, FL 32803 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2256115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAMULONIS, LAURIE J DO NOT WRITE 2806 CORRINE DRIVE ORLANDO, FL 32803 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, 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS BILE NAME SAMULONIS, LAURIE J 2806 CORRINE DRIVE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE SAMULONIS, LAURIE J NAME STREET ADDRESS 2806 CORRINE CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 all other like epigowered.

SIGNATURE:

TIPLE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTO

14/07

407-574-1385 Daytime Phone #

FILED