2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90121 002 ***150.00

DOCUMENT # P05000059081

1. Entity Name
ALBE, INC.

Principal Place of Business	Mailing Address
8305 FORT CLINCH AVE. ORLANDO, FL 32822	8305 FORT CLINCH AVE. ORLANDO, FL 32822

04162006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
805 Lee Rd	18039 Saxony Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando FL
Zip: 32810 Country: U.S.	Zip: 32820 Country: U.S.

4. FEI Number: 20-2725325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MISA, ALBAN 8305 FORT CLINCH AVE. ORLANDO, FL 32822	Name: Street Address (P.O. Box Number is Not Acceptable): 18039 Saxony Lane City: Orlando FL Zip Code: 32820

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: Enkeleida Ahmetaj 4/17/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISA, ALBAN 8305 FORT CLINCH AVE. ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MISA, ALBAN 18039 Saxony Lane Orlando FL 32820	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AHMETAJ, ENKELCIDA 8305 FORT CLINCH AVE. ORLANDO, FL 32822	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AHMETAJ, ENKELEIDA 18039 Saxony Lane Orlando FL 32820	☑ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: Enkeleida Ahmetaj 4/17/06 407 647 9950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #