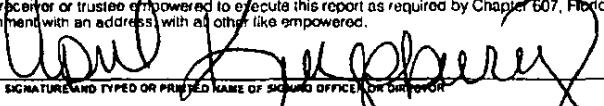


# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

6/1

**FILED  
Jun 23, 2006 8:00 am  
Secretary of State**

06-01-2006 90003 003 \*\*\*150.00

DOCUMENT # P05000154622			
1. Entity Name DERBY PUB, INC.		06-01-2006 90003 003 ***150.00	
Principal Place of Business 1838 US HWY 19 HOLIDAY, FL 34691		Mailing Address 1838 US HWY 19 HOLIDAY, FL 34691	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KINGSBURY, APRIL 1121 E BOYER ST TARPON SPRINGS, FL 34689		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <span style="float: right;">FL Zip Code</span>	
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.			
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and the if applicable</small> <span style="float: right;">(NOTE: Registered Agent signature is required when renewing)</span> <span style="float: right;">DATE</span>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE: D NAME: KINGSBURY, APRIL STREET ADDRESS: 1121 E BOYER ST CITY-ST-ZIP: TARPON SPRINGS, FL 34689		<input type="checkbox"/> Delete <span style="float: right;">□ Change □ Addition</span> TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <span style="float: right;">□ Change □ Addition</span> TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <span style="float: right;">□ Change □ Addition</span> TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <span style="float: right;">□ Change □ Addition</span> TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete <span style="float: right;">□ Change □ Addition</span> TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
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.			
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date _____</small> <span style="float: right;">Daytime Phone # _____</span>			