2008 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 22, 2008 08:00 AN Secretary of State DOCUMENT # P06000040163 1. Entity Name DUBAR ENTERPRISES INC. Principal Place of Business Mailing Address 9899 WATER MILL CIRCLE UNIT D 9899 WATER MILL CIRCLE UNIT D **BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437** No Chg-P CR2E034 (11/05) 03182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0570282 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUBIN, BARRY DO NOT WRITE 9899 WATER MILL CIRCLE UNIT D **BOYNTON BEACH, FL 33437** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating DATE U000000914444 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 05/08/08-80057-007 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DUBIN, BARRY STREET ADDRESS 9899 WATER MILL CIRCLE UNIT D CITY-ST-2IP BOYNTON BEACH, FL 33437 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-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 empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OF