2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P20551

1. Entity Name

FILED Apr 03, 2006 8:00 am Secretary of State

04-03-2006 90412 014 ***158.75

THE HUBBARD GROUP, INC.									
Principal Place of Business 1936 LEE ROAD WINTER PARK, FL 32789		Mailing Address 1936 LEE ROAD WINTER PARK, FL 32789		11001006415		FINN BITH F)8687 	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272006	03272006 Chg-P CR2E034			
City & State		City & State			4. FEI Number 59-2906378			 	oplied For
Zip Country		Zip Country		/	5. Certificate of Status Desired \$8.75 Additional Fee Required				ditional
	6. Name and Address of Current	Registered Agent		Name	7. Name and /	ddress of New R	egistered	Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL	FL Zip Code		
signature_	e named entity submits this statement fortions of registered agent. Signature, typed or printed name of registered agent agen	and title if applicable. (NOTE	:: Registered A	gent signature requir		, in the State of Flo	DATE	familiar with,	and accept
10.	OFFICERS AND	DIRECTORS	11,		ADDITIONS/C	HANGES TO OFFI	CERS AN	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCHAVD, JEAN-LOUIS 18 PLACE DE L'EUROPE RUEIL MAL'MAISON, FRANCE,	☐ Delete 92565	TITLE NAME STREET CITY-ST	ADORESS T-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BODSON, LUC 1936 LEE RD WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET (CITY-ST	ADDRESS 1-zip			-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DEA, PAUL F JR 1936 LEE ROAD WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET / CITY+ST	ADDRESS	SN, UC	***		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAPATTE, DIDIER 1936 LEE ROAD WINTER PARK, FL 32789	☐ Delete	TITLE NAME STREET /	ADDHESS	et, f. Alena	LICK TR ·		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET / CITY-ST	ADDRESS 1-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Detete	TITLE NAME STREET / CITY-ST	ADDRESS i-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:

Y- Full with Dust. Prederick D'OLATA. 3/22/06 407-623-38/0

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DUST.

Dust

Date

Date

Date

Description of the director of the