2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# P92000000269

Entity Name: ALUBA, INC.

Current Principal Place of Business:

2210 S FRONT ST
STE 204
MELBOURNE, FL 32901

New Principal Place of Business:

3200 N. WICKHAM RD.
STE 3
MELBOURNE, FL 32935

Current Mailing Address:

2499 KINGSMILL AVENUE
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-3149974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RICHCREEK, THOMAS D
2499 KINGSMILL AVENUE
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: RICHCREEK, THOMAS D
Address: 2499 KINGSMILL AVENUE
City-St-Zip: MELBOURNE, FL 32934

Title: VPD ( ) Delete
Name: RICHCREEK, CHRISTOPHER
Address: 4269 INLAND LN
City-St-Zip: ORLANDO, FL

Title: STD ( ) Delete
Name: RICHCREEK, SUSAN
Address: 4269 INLAND LN
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: RICHCREEK, CHRISTOPHER
Address: 4269 INLAND LN
City-St-Zip: ORLANDO, FL 32817

Title: STD (X) Change ( ) Addition
Name: RICHCREEK, SUSAN
Address: 4269 INLAND LN
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. RICHCREEK PD 01/19/2007
Electronic Signature of Signing Officer or Director — Date