2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # P94000073642 1. Entity Name NORMAN LEBEAU INC. Principal Place of Business Mailing Address 205 WORTH AVE, ROOM 307E 205 WORTH AVE, ROOM 307E PALM BEACH, FL 33480 PALM BEACH, FL 33480 03272006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0524675 Not Applica \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SILFEN, H. WILLIAN DO NOT WRITE 205 WORTH AVE ROOM 307B PALM BEACH, FL 33480 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MAME LEBEAU, NORMAN % 205 WORTH AVE ROOM 307B STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 TITLE NAME STREET ADDRESS CITY-ST-ZIP 100000488085 TITLE 04/14/06-80021-003 150.00 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CUY-ST-ZIP TITLE

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 direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET AOORESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Jorman Leberu

3/29/00

Caytime Phone #