## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 03, 2006 08:00 AM Secretary of State

ANNUAL REPORT			Secretary of State		
<b>DOCUMENT # P950000</b>			Seci	retary of State	
1. Entity Name OCTOPUS INTERNATIONAL, IN	-15-11				
Principal Place of Business	Mailing Address				
4530 S 08T ORLANDO, FL 32839	4530 \$ 08T Orlando, Fl. 32839	-	•		
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DO NOT WRITE IN THIS SPAC		CE	4. FEI Numb		Applied For
			59-336		Not Applicab \$8.75 Additional
6. Name and Address of Cur	ment Charletowal Armed		a. Certificate	of Status Desired	Fee Required
	tenr veðisteise viðeur	-{			
LABBE, HUBERT 1125 CHERRY VALLEY WAY		DO	<b>NOT W</b>	RITE	
ORLANDO, FL 32828		IN THIS SPACE			
			11.4		ACL
8. The above named entity/submits this statement	ant for the ournose of changing its register	on office or register	ed agent or bo	th in the State of Ein	ocida. Lam familias with and accom
the obligations of recistered agent.	on the purpose of entinging he register	en puice of legister	ed again, or be	un, un une state din n	Cilda. 1 ani ianiniai widi, ging accep
SIGNATURE HOLD		<u> </u>		01/2	6/2006
Signature, types or probled name of repretered	agent and title if applicable (NOTE, Register)	ed Agent signature required	when reinstating)	· · · · · ·	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$5	g. Election Campaign Fina     Trust Fund Contribution.		00 May Be ed to Fees		
	AND DIRECTORS	1			
TITE P NAME LABBE, HUBERT					
STREET ADDRESS 1125 CHERRY VALLEY WA	Y	§ .			
City-ST-ZIP ORLANDO, FL 32828	<u> </u>			UDDŪŪ	0417530 -80058-020 158.75
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12. I hereby certify that the information supplied with this filling 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 tegal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee employees do 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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUBERT LABBE

01/24/2006