

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091564

Entity Name: MICROBE SOLUTIONS, INC.

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

2647 N. GARDENS DR., #110
LAKE WORTH, FL 33461 US

New Principal Place of Business:

2647 N. GARDENS DR., N. #110
LAKE WORTH, FL 33461 US

Current Mailing Address:

2647 N. GARDENS DR., #110
LAKE WORTH, FL 33461 US

New Mailing Address:

2647 N. GARDENS DR., N. #110
LAKE WORTH, FL 33461 US

FEI Number: 65-0625180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLATER, DONALD R.
2647 N. GARDENS DR., #110
LAKE WORTH, FL 334612238 US

Name and Address of New Registered Agent:

SLATER, DONALD R.
2647 N. GARDENS DR., N. #110
LAKE WORTH, FL 334612238 US

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: DONALD R. SLATER

02/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SLATER, DONALD R
Address: 2647 N. GARDENS DR., #110
City-St-Zip: LAKE WORTH, FL 33461 US

Title: D () Delete
Name: SLATER, LUCILLE P
Address: 2647 N. GARDENS DR., #110
City-St-Zip: LAKE WORTH, FL 33461 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SLATER, DONALD R
Address: 2647 N. GARDENS DR., N. #110
City-St-Zip: LAKE WORTH, FL 33461 US

Title: MRS (X) Change () Addition
Name: SLATER, LUCILLE P
Address: 2647 N. GARDENS DR., N. #110
City-St-Zip: LAKE WORTH, FL 33461 US

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: DONALD R SLATER

PRES

02/17/2006

Electronic Signature of Signing Officer or Director

Date