2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# P98000017002

Entity Name: BUGS-OR-US, INC.

Current Principal Place of Business:

1489 MARKET CIRCLE,UNIT 8
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

1489 MARKET CIRCLE,UNIT 8
PORT CHARLOTTE, FL 33938

Current Mailing Address:

P.O. BOX 380814
MURDOCK, FL 33938

New Mailing Address:

FEI Number: 65-0824826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARLTON, JOHN R
1489 MARKET CIRCLE,UNIT 8
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

CARLTON, JOHN R
1489 MARKET CIRCLE,UNIT 8
PORT CHARLOTTE, FL 33938 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: _____ 04/25/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COHEN, BARRY
Address: 8033 BRETON COURT
City-St-Zip: FT. MYERS, FL 33912

Title: STD ( ) Delete
Name: CARLTON, JOHN R
Address: 4335 SKATES CIRCLE
City-St-Zip: FORT MYERS, FL 33905

Title: VP (X) Delete
Name: DEAN, EDDIE
Address: 4439 MELBOURN STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BARRY COHEN PRES 04/25/2006
Electronic Signature of Signing Officer or Director — Date