2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005
Secretary of State

DOCUMENT# P98000103838

Entity Name: CAB PLUS, INC.

Current Principal Place of Business:

1716 LEMON STREET
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1589
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-3548738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEGUSEI, BROOK
18412 TURNING POINT DR.
LUTZ, FL 33549 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: PTS ( ) Delete
Name: NEGUSEI, BROOK
Address: 18412 TURNING POINT DRIVE
City-St-Zip: LUTZ, FL 33549

Title: V ( ) Delete
Name: GABROMARIAN, FASSIL
Address: 4209 W PHAT STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Section 119.07(3)(i), 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: BROOK NEGUSEI PTS 04/13/2005

Electronic Signature of Signing Officer or Director — Date