

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008634

Entity Name: LABUS TECHNOLOGIES, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

5831 WILSON RD.
VENICE, FL 34293

New Principal Place of Business:

709 CRANE PRAIRIE WAY
OSPREY, FL 34229

Current Mailing Address:

5831 WILSON RD.
VENICE, FL 34293

New Mailing Address:

709 CRANE PRAIRIE WAY
OSPREY, FL 34229

FEI Number: 65-0891904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LABUS, WILLIAM R
5831 WILSON RD.
VENICE, FL 34293 US

Name and Address of New Registered Agent:

LABUS, WILLIAM R
709 CRANE PRAIRIE WAY
OSPREY, FL 34229 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:

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: LABUS, WILLIAM R
Address: 5831 WILSON RD.
City-St-Zip: VENICE, FL 34293

Title: DVPS () Delete
Name: LABUS, PATRICIA
Address: 5831 WILSON RD.
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LABUS, WILLIAM R
Address: 709 CRANE PRAIRIR WAY
City-St-Zip: OSPREY, FL 34229

Title: DVPS (X) Change () Addition
Name: LABUS, PATRICIA
Address: 709 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

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: WILLIAM R LABUS

DPT

05/01/2005

Electronic Signature of Signing Officer or Director

Date