

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008634

FILED
May 03, 2006
Secretary of State

Entity Name: LABUS TECHNOLOGIES, INC.

Current Principal Place of Business:

709 CRANE PRAIRIE WAY
OSPREY, FL 34229

New Principal Place of Business:

4254 VIA DEL VILLETTI
VENICE, FL 34293

Current Mailing Address:

709 CRANE PRAIRIE WAY
OSPREY, FL 34229

New Mailing Address:

4254 VIA DEL VILLETTI
VENICE, FL 34293

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
709 CRANE PRAIRIE WAY
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

LABUS, WILLIAM R
4254 VIA DEL VILLETTI
VENICE, FL 34293 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:

05/03/2006

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: 709 CRANE PRAIRIE WAY
City-St-Zip: OSPREY, FL 34229

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LABUS, WILLIAM R
Address: 4254 VIA DEL VILLETTI
City-St-Zip: VENICE, FL 34293

Title: DVPS (X) Change () Addition
Name: LABUS, PATRICIA
Address: 4254 VIA DEL VILLETTI
City-St-Zip: VENICE, FL 34293

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: WILLIAM LABUS

DPT

05/03/2006

Electronic Signature of Signing Officer or Director

Date