

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000008634

Entity Name: LABUS TECHNOLOGIES, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

5349 LAYTON DR.  
VENICE, FL 34293

## New Principal Place of Business:

5834 MONROE RD  
VENICE, FL 34293

## Current Mailing Address:

5349 LAYTON DR.  
VENICE, FL 34293

## New Mailing Address:

5834 MONROE RD  
VENICE, FL 34293

FEI Number: 65-0891904

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LABUS, WILLIAM R  
5349 LAYTON DR.  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

LABUS, WILLIAM R  
5834 MONROE RD  
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: \_\_\_\_\_

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: LABUS, WILLIAM R  
Address: 5349 LAYTON DR.  
City-St-Zip: VENICE, FL 34293

Title: DVPS ( ) Delete  
Name: LABUS, PATRICIA  
Address: 5349 LAYTON DR.  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: LABUS, WILLIAM R  
Address: 5834 MONROE RD  
City-St-Zip: VENICE, FL 34293

Title: DVPS (X) Change ( ) Addition  
Name: LABUS, PATRICIA  
Address: 5834 MONROE RD  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information supplied with this filing does not qualify 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

04/30/2008

Electronic Signature of Signing Officer or Director

Date