FILED 2006 FOR PROFIT CORPORATION Feb 27, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P99000109687** 1. Entity Name ARUBA INSPECTION SERVICES, INC. Mailing Address Principal Place of Business 1730 SW 1ST TERRACE 1730 SW 1ST TERRACE POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 No Chg-P CR2E034 (11/05) 02142006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1018217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent FLOREA, JOSEPH G DO NOT WRITE 1730 SW 1 TERR POMPANO BEACH, FL 33060 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FLOREA, JOE NAME 1730 SW 1ST TERRACE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 NAME 100000449125 STREET ADDRESS 63/09/06-30042-023 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS COTY-ST-7IP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 es required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-SI-2IP

SIGNATURE AND TYPED ON PROTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2206

Daylime Phone #