

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S20181

Entity Name: NEBULUS CORP.

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

WILLIAM A MAHER
2038 HENLEY PLACE
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

WILLIAM A MAHER
2038 HENLEY PLACE
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 65-0232996 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAHER, WILLIAM A
2038 HENLEY PL
FT MYERS, FL 33901 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: PD () Delete
Name: MUELLER, WILFRED,
Address: TUMIGER STRASSE 68
City-St-Zip: 8606 GREIFENSEE/SWITZERLAND,

Title: V () Delete
Name: MUELLER, CECILE,
Address: TUMIGERSTRASSE 68
City-St-Zip: 8606 GREIFENSEE SW,

Title: ST () Delete
Name: MUELLER, SANDRA,
Address: GOLDBACHERSTRASSE 46
City-St-Zip: 8700 KUSNACHT SW,

Title: D () Delete
Name: MAHER, WILLIAM A
Address: 2038 HENLEY PL
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MAHER WILLIAM A.

D

02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date