2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 17, 2006 08:00 AM Secretary of State DOCUMENT # S50119 1. Entity Name RYBAK PUBLICATIONS, INC. Mailing Address Principal Place of Business **153 EAST LAKE BRANTLEY 153 EAST LAKE BRANTLEY** LONGWOOD, FL 32779 LONGWOOD, FL 32779 04042008 No Chg-F CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3065853 Not Applicable \$8.75 Additional 3. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RYBAK, RONALD P. 153 EAST LAKE BRANTLEY LONGWOOD, FL 32779 IN THIS SPACE 5. 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 lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and rife if applicable. (NCTE: Recyclesed Apent acmetive increasive un reinsention) DATE \$5.00 May Be Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PO TITLE NAME RYBAK, RONALD P. STREET ADDRESS 322 SABAL PARK PLACE#206 LONGWOOD, FL CRY-ST-ZP U00000516402 TIRE ST 05/01/06-80003-004 150.00 RYBAK, RONALD P. NAME STREET ADDRESS 322 SABAL PARK PLACE#206 CITY-ST-DP LONGWOOD, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CTTY-8T-7P RTLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I lutther 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 comporation or the receiver or trustee empayered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

CITY-ST-ZIP nne NAME STREET ADDRESS