
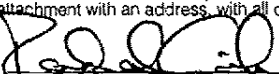


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V49365</b> 1. Entity Name <b>KUBERA CORPORATION</b>			
Principal Place of Business <b>1540 S TAMiami TRAIL STE 401 SARASOTA, FL 34239 US</b>		Mailing Address <b>3482 FLAMINGO AV SARASOTA, FL 34242 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01292007 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-0346354</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PIPER, ROBERT H 330 S PINEAPPLE STE 106 SARASOTA, FL 34236</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>U000000616190 02/07/07-80017-020 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	CRICK, RANDAL C		
STREET ADDRESS	3482 FLAMINGO AV		
CITY - ST - ZIP	SARASOTA, FL 34242		
TITLE	D		
NAME	CRICK, WILLIAM F III		
STREET ADDRESS	1540 S TAMiami TR STE 401		
CITY - ST - ZIP	SARASOTA, FL 34239		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
12. I hereby certify that the information supplied with this filing 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 as 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 like empowered.			
SIGNATURE: 		Date: <b>1/29/2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	