


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90287 041 \*\*\*150.00

**DOCUMENT # P0000027158**

1. Entity Name  
**KABANG, INC.**



Principal Place of Business  
**13304 GLACIER NAT'L DRIVE  
 ORLANDO, FL 32837**

Mailing Address  
**717 E OAK STREET  
 KISSIMMEE, FL 34744**

**14011160**



2. Principal Place of Business  
**13531 Summerton Drive**

3. Mailing Address  
 Suite, Apt. #, etc.

04052005 Chg-P CR2E034 (10/03)

City & State  
**Orlando, FL**

City & State

Zip  
**32824**

Country  
**US**

Zip  
 Country

4. FEI Number  
**59-3633227**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BAUMRUK, ANDREW J CPA  
 717 E. OAK STREET  
 KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name  
**Steven C. Bell**

Street Address (P.O. Box Number is Not Acceptable)  
**13531 Summerton Drive**

City  
**Orlando**

State  
**FL**

Zip Code  
**32824**

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 *Steven C. Bell* DATE 4/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEXTER, ROBERT G 13531 SUMMERTON DRIVE ORLANDO, FL 32824	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KANIA, WILLIAM 767 LEONARDO CT. KISSIMMEE, FL 34758	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUDHA, EON 2340 THE OAKS BLVD. KISSIMMEE, FL 34746	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, STEVEN C 13304 GLACIER NATIONAL DRIVE #5105 ORLANDO, FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2686 Runyon Circle Orlando, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	13531 Summerton Drive Orlando, FL 32824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 information empowered.

SIGNATURE: *Steven C. Bell* DATE: 4/14/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #