
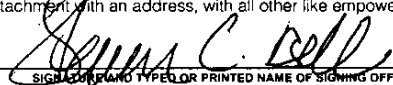


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90388 037 \*\*\*150.00

<b>DOCUMENT # P0000027158</b>			
1. Entity Name <b>KABANG, INC.</b>			
Principal Place of Business <b>13531 SUMMERTON DR ORLANDO, FL 32824</b>		Mailing Address <b>717 E OAK STREET KISSIMMEE, FL 34744</b>	
2. Principal Place of Business <b>11500 Westwood Blvd.</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>#712</b>		Suite, Apt. #, etc.	
City & State <b>Orlando, FL</b>		City & State	
Zip <b>32821</b>	Country <b>US</b>	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELL, STEVEN C 13531 SUMMERTON DR ORLANDO, FL 32824		Name Street Address (P.O. Box Number is Not Acceptable) <b>11500 Westwood Blvd.</b> <b>#712</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32821</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEXTER, ROBERT G 2686 RUNYON CIR ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BUDHA, EON 2340 THE OAKS BLVD. KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BELL, STEVEN C 13531 SUMMERTON DR ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>11500 Westwood Blvd. #712 Orlando, FL 32821</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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>4/22/06</b>	Daytime Phone #: <b>407 662 0148</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>