


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED  
6/13/2006-90001-032 \$150.00-\$150.00

06 JUL 12 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # V65442</b> 1. Entity Name <b>PABLA INCORPORATED</b>		
Principal Place of Business <b>3404 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34741 US</b>		Mailing Address <b>3404 WEST IRLO BRONSON MEMORIAL HWY KISSIMMEE, FL 34741 US</b>
2. Principal Place of Business <b>3404 W IRLO Bronson Hwy</b>		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <b>Kissimmee</b>		City & State
Zip <b>34741</b>	Country <b>OSCEOLA</b>	Zip Country
6. Name and Address of Current Registered Agent  <b>SHEPHERD, JAMES E. SHEPHERD, MCCABE &amp; COOLEY 1450 STATE RD. 434 WEST, SUITE 200 LONGWOOD, FL 32750</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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 reinstating)</small>		
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD <input type="checkbox"/> Delete <b>SINGH, JARNAIL 6501 SURGARBUSH DR. ORLANDO, FL</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD <input type="checkbox"/> Delete <b>SINGH, KARNAIL 6501 SURGARBUSH DR. ORLANDO, FL</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD <input type="checkbox"/> Delete <b>SINGH, GURMAIL 6501 SURGARBUSH DR. ORLANDO, FL</b>	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP
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: <u>Gurmail Singh</u> <small>SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>6-8-06</b> Daytime Phone #: <b>321-217-6402</b>

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