


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State


DOCUMENT # F04000003157
 1. Entity Name
 AUDERE VENTURES, INC.



Principal Place of Business: 7700 OLD GEORGETOWN ROAD, #800
 C/O RICHARD CHISHOLM
 BETHESDA, MD 20814

Mailing Address: 7700 OLD GEORGETOWN ROAD, #800
 C/O RICHARD CHISHOLM
 BETHESDA, MD 20814

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number: 11-3694869 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, RICHARD
 2155 DELTA BLVD., SUITE 210
 TALLAHASSEE, FL 32303

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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	DPT
NAME	HESS, DAVID C
STREET ADDRESS	7700 OLD GEORGETOWN ROAD, #800
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	DVS
NAME	HESS, GAIL A
STREET ADDRESS	7700 OLD GEORGETOWN ROAD, #800
CITY-ST-ZIP	BETHESDA, MD 20814
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: David C Hess, President 4/18/05 240-994-0074

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

DAVID C. HESS