


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90033 039 ***150.00

DOCUMENT # L91077 1. Entity Name CONTINENTAL VENTURES, INC.	
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Principal Place of Business 218-A E. EAU GALLIE BLVD. #17 INDIAN HARBOR BCH, FL 32937 US	Mailing Address 218-A E. EAU GALLIE BLVD #17 #17 INDIAN HARBOR BCH, FL 32937 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02012006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent WHITE, JULIE 441 NORTH HARBOR CITY BLVD. C-16 MELBOURNE, FL 32935	
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7. Name and Address of New Registered Agent Name JULIE WHITE Street Address (P.O. Box Number is Not Acceptable) 218A E. Eau Gallie Blvd #17 City Indian Harbor Bch FL Zip Code 32937	
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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 JULIE WHITE Julie White Pres DATE _____
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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV WHITE, JULIE <input type="checkbox"/> Delete 441 N. HARBOR CITY BLVD #C-16 MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, JULIE <input type="checkbox"/> Delete 441 N HARBOR CITY BLVD #C-16 MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	White, Julie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 218A E. Eau Gallie Blvd #17 Indian Harbor Bch FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	White, Julie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 218A E. Eau Gallie Blvd #17 Indian Harbor Bch FL 32937
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
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: Julie White Pres 2/1/06