

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L91077**  
1. Entity Name  
**CONTINENTAL VENTURES, INC.**

Principal Place of Business <b>218-A E. EAU GALLIE BLVD. #17 INDIAN HARBOR BCH FL 32937 US</b>	Mailing Address <b>218-A E. EAU GALLIE BLVD #17 #17 INDIAN HARBOR BCH FL 32937 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number <b>59-3028332</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**6. Name and Address of Current Registered Agent**

**WHITE, JULIE  
218A E EAN CALLIE BLVD 17  
JUDIAN HARBOR BEACH FL 32937**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** 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 \_\_\_\_\_  
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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>PDV WHITE, JULIE 218A E EAN CALLIE BLVD 17 JUDIAN HARBOR BEACH FL 32937</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>ST WHITE, JULIE 218A E EAN CALLIE BLVD 17 JUDIAN HARBOR BEACH FL 32937</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>U00000702823 04/20/07-80115-010 150.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* **JULIE WHITE** **4/10/07** (321)254-1507  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #