


FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90475 009 ****61.25

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100005035	
1. Entity Name SOMETHING VENTURED FOUNDATION, INC.	

Principal Place of Business 1301 EIGHTEENTH ST. KEY WEST, FL 33040	Mailing Address 1301 EIGHTEENTH ST. KEY WEST, FL 33040
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54053956



05052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1154463	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CAMPO, DAVID R
1301 18TH STREET
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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 reappointing) _____ DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSM CAMPO, DAVID R 1301 18TH STREET KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, DENNIS 28 LADDIS LANE ← 28 LADD'S LANE EPPING, NH 03042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KERNWELS, GLENN P 6560 VILLA SONRISA DR STE 1320 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with authority like empowered.

SIGNATURE: *David R Campo* MAY 5, 2004 305-293-3094
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #