


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000029456
 1. Entity Name
 MID-LIFE VENTURES, INC.



Principal Place of Business Mailing Address
 2354 IMMOKALEE ROAD 2354 IMMOKALEE ROAD
 NAPLES, FL 34110 NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3635257 Not Applicable

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

6. Name and Address of Current Registered Agent
 BLANK, DIANE M
 2354 IMMOKALEE RD.
 NAPLES, FL 34110

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

1100000381606
 03/31/05-80008-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLANK, DIANE
STREET ADDRESS	2354 IMMOKALEE ROAD
CITY - ST - ZIP	NAPLES, FL 34110
TITLE	D
NAME	BLANK, SPENCER
STREET ADDRESS	2354 IMMOKALEE ROAD
CITY - ST - ZIP	NAPLES, FL 34110
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 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: Spencer Blank 3/28/05 239-597-1718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #