2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT # P01000082402** 1. Entity Name 07 APR 13 AM 8: 42 E.E. VENTURES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3251 PROGESS DR 3251 PROGESS DR **SUITE B** SUITE B ORLANDO, FL 32826 ORLANDO, FL 32826 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 59-3746290 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCKAIGE, GEORGE T III Street Address (P.O. Box Number is Not Acceptable) 4185 HICKORY LAKE CT TITUSVILLE, FL 32780 City 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, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE ☐ Change ■ Addition NAME MCKAIGE III, GEORGE T NAME STREET ADDRESS 4185 HICKORY LAKE CT. STREET ADORESS CITY-ST-7P TITUSVILLE, FL 32780 CITY-ST-ZIP TITLE ППΕ ☐ Change ☐ Addition NAME BRADSHAW, CHRISTINA R NAME 343 LA PAZ DR. STREET ADDRESS STREET ADORESS CITY-ST-ZIP KISSIMMEE, FL 34743 CITY-ST-ZP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 700097571657 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 04/19/07--01033--001 TITLE ☐ Delete ПΠЕ ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-77P Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 1 Feb 2007 407 SIGNATURE: __