

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000110211 1. Entity Name INVESTVENTURES, INC.						FILED 05 DEC -2 AM 9:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 8127 LONE TREE GLEN LAKEWOOD RANCH, FL 34202-2414				Mailing Address 8127 LONE TREE GLEN LAKEWOOD RANCH, FL 34202-2414			
2. Principal Place of Business 8326 WHISPERING WOOD CT		3. Mailing Address 8326 WHISPERING WOOD CT		11292005 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State LAKEWOOD RANCH, FL		City & State LAKEWOOD RANCH FL					
Zip 34202		Country USA		4. FEI Number 54-2129595		<input type="checkbox"/> 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 RIGSBY, CHARLES R 8127 LONE TREE GLEN LAKEWOOD RANCH, FL 34202-2414				7. Name and Address of New Registered Agent Name JACOB L. KAMMERER Street Address (P.O. Box Number is Not Acceptable) 8015 ROYAL BIRKDALE CIR City LAKEWOOD RANCH FL Zip Code 34202			
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 11/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETOURNEY, WILLIAM E <input type="checkbox"/> Delete 8326 WHISPERING WOOD CT. LAKEWOOD RANCH, FL 34202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100061866381 12/02/05--01038--006 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete RIGSBY, CHARLES R 8127 LONE TREE GLEN LAKEWOOD RANCH, FL 342022414			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete KAMMERER, JACOB L 8015 ROYAL BIRKDALE CIRCLE LAKEWOOD RANCH, FL 34202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete GRIFFITHS, WILLIAM E 7922 ROYAL BIRKDALE CIRCLE LAKEWOOD RANCH, FL 34202			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GRIFFITHS, WILLIAM E 7922 ROYAL BIRKDALE CIR LAKEWOOD RANCH, FL 34202		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 			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"/> Delete			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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/29/05 <small>Daytime Phone #</small>			