



2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/8

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-08-2006 90291 038 ***150.00

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| | | | | | |
|--|----------------------|--|---|--|-----------------------------------|
| DOCUMENT # P05000028191 | | | |  | |
| 1. Entity Name DELAND VENTURES, INC. | | | | | |
| Principal Place of Business 840 WEST NEW YORK AVE SUITE A DELAND, FL 32720 | | | Mailing Address 840 WEST NEW YORK AVE SUITE A DELAND, FL 32720 | | |
| 2. Principal Place of Business 302 S Woodland Blvd | | 3. Mailing Address 302 S Woodland Blvd | |  | |
| Suite, Apt. #, etc. A | | Suite, Apt. #, etc. A | | | |
| City & State DeLand FLA | | City & State DeLand FLA | | 4. FEI Number 54-2172409 | |
| Zip 32720 | | Country Vol | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLOYD, BRUCE W 840 WEST NEW YORK AVE SUITE A DELAND, FL 32720 | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | FELTON, GEOFF | | NAME | | |
| STREET ADDRESS | 129 LAKE CHARLS ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32720 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | PROSKINE, JAMES H | | NAME | | |
| STREET ADDRESS | 765 TEDDERLAKE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32720 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MEYER, MIKE | | NAME | | |
| STREET ADDRESS | 225 RIVER RIDGE ROAD | | STREET ADDRESS | | |
| CITY-ST-ZIP | DELAND, FL 32720 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing 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 information empowered. | | | | | |
| SIGNATURE: <u>[Signature]</u> | | | DATE: 5-24-06 734-4860 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE | | |