2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90300 004 ***150.00

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02202006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000111354

1. Entity Name
OLDSMAR VENTURE, INC.

Principal Place of Business	Mailing Address
~~101 EAST KENNEDY BLVD.~~	~~101 EAST KENNEDY BLVD.~~
~~SUITE 3700~~	~~SUITE 3700~~
~~TAMPA, FL 33602~~	~~TAMPA, FL 33602~~

2. Principal Place of Business	3. Mailing Address
188 Scarlet Blvd	188 Scarlet Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Oldsmar, FL	City & State: Oldsmar FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

4. FEI Number: 20-3288984 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~GRANDOFF, STEPHEN A~~
~~101 EAST KENNEDY BLVD.~~
~~SUITE 3700~~
~~TAMPA, FL 33602~~

7. Name and Address of New Registered Agent

Name: John B. Grandoff III
Street Address (P.O. Box Number is Not Acceptable): Suite 3700
101 E. Kennedy Blvd
City: Tampa FL Zip Code: 33602

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] III John B. Grandoff III 2/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GRANDOFF, STEPHEN A	NAME	
STREET ADDRESS	~~101 EAST KENNEDY BLVD. SUITE 3700~~	STREET ADDRESS	188 Scarlet Blvd
CITY-ST-ZIP	~~TAMPA, FL 33602~~	CITY-ST-ZIP	Oldsmar FL 34677
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GRANDOFF, JOHN B III	NAME	
STREET ADDRESS	101 EAST KENNEDY BLVD. SUITE 3700	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 like empowered.

SIGNATURE: [signature] III 2/20/06 813-227-8445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #