

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010266

FILED  
Jan 21, 2006  
Secretary of State

Entity Name: BAG VENTURES, INC.

**Current Principal Place of Business:**

249 PERUVIAN AVE  
STE F5  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

249 PERUVIAN AVE  
STE F5  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 65-0814997      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, FRED C ESQ  
712 US HIGHWAY ONE  
NORTH PALM BEACH, FL 33408      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GERI, WAYNE  
Address: 249 PERUVIAN AVE., STE. F-5  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: WYNER, JASON L  
Address: 249 PERUVIAN AVE., STE. F-5  
City-St-Zip: PALM BCH, FL 33480

Title: D (X) Delete  
Name: MOTAZEDI, IRAJ  
Address: 249 PERUVIAN AVE., STE. F-5  
City-St-Zip: PALM BCH, FL 33480

Title: STD (X) Delete  
Name: ESTEVES, MAURIOLO  
Address: 1077 30TH STREET NW - STE. 605  
City-St-Zip: WASHINGTON, DC, 20007

Title: D (X) Delete  
Name: BIATNICK, BORIS  
Address: 1077 30TH STREET NW - STE. 605  
City-St-Zip: WASHINGTON, DC, 20007

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: WYNER, ROBERT  
Address: 249 PERUVIAN AVE., STE. F-5  
City-St-Zip: PALM BEACH, FL 33480

Title: DST (X) Change ( ) Addition  
Name: WYNER, JASON L  
Address: 249 PERUVIAN AVE., STE. F-5  
City-St-Zip: PALM BCH, FL 33480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT WYNER

C

01/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date