2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# F00000002079

Entity Name: NC VENTURES, INC.

Current Principal Place of Business:

4100 GREENBRIAR
SUITE 180
STAFFORD, TX 77477 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1068
STAFFORD, TX 77497 US

New Mailing Address:

FEI Number: 76-0576169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NC RISK MANAGEMENT
3300 UNIVERSITY #701
CORAL SPRINGS, FL 33065 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: HREBENAR, MICHAEL A
Address: 4100 GREENBRIAR, SUITE 180
City-St-Zip: STAFFORD, TX 77477

Title: VTD ( ) Delete
Name: HREBENAR, JAMES M
Address: 4100 GREENBRIAR, SUITE 180
City-St-Zip: STAFFORD, TX 77477

Title: CD ( ) Delete
Name: HREBENAR, POLLYANNE
Address: 4100 GREENBRIAR, SUITE 180
City-St-Zip: STAFFORD, TX 77477

Title: VSD ( ) Delete
Name: HREBENAR, BRAD A
Address: 4100 GREENBRIAR, SUITE 180
City-St-Zip: STAFFORD, TX 77477

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TRACY WEAKLEY SVP 04/17/2006

Electronic Signature of Signing Officer or Director Date