


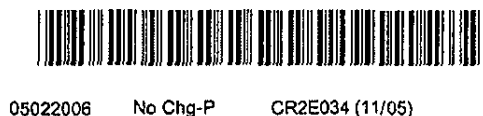
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000004955 1. Entity Name STANFORD VENTURE CAPITAL HOLDINGS, INC.	
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Principal Place of Business 5050 WESTHEIMER HOUSTON, TX 77056	Mailing Address 5050 WESTHEIMER HOUSTON, TX 77056
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DO NOT WRITE IN THIS SPACE



4. FEI Number 76-0619955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JAMES 5050 WESTHEIMER HOUSTON, TX 77058
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, YOLANDA M 5050 WESTHEIMER HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANFORD, R. ALLEN 5050 WESTHEIMER HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINTER, ROBERT S 5050 WESTHEIMER HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANFORD, JAMES A 5050 WESTHEIMER HOUSTON, TX 77056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGAR, DANIEL T 5050 WESTHEIMER HOUSTON, TX 77056

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06/12/06-80007-004 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____