



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90063 019 \*\*\*150.00

<b>DOCUMENT # F05000007029</b> 1. Entity Name <b>ONPOINT VENTURES, INC.</b>					
Principal Place of Business <b>485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b>			Mailing Address <b>485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-2020481</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DUNHAM, JENNIFER 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) Signature, typed or printed name of registered agent and title if applicable.      DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DUNHAM, JENNIFER 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTTENBERG, JASON 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOUNTAS, CHRISTOPHER 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRBOVICH, JOHN 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>Jennifer Dunham</b> <b>407-659-0443</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date <b>02.02.06</b> Daytime Phone #					