


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90042 030 \*\*\*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>
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2. Principal Place of Business - No P.O. Box # <b>250 Park Avenue South</b> Suite, Apt. #, etc. <b>360</b>	3. Mailing Address <b>250 Park Avenue South</b> Suite, Apt. #, etc. <b>360</b>
City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>
Zip <b>32789</b>	Country <b>Orange</b>

01032007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-2020481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>DUNHAM, JENNIFER 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b>
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7. Name and Address of New Registered Agent Name <b>Dunham, Jennifer</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 Park Avenue South, Suite 360</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>
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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) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DUNHAM, JENNIFER 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Dunham, Jennifer 250 Park Avenue South, Suite 360 Winter Park, FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROTTENBERG, JASON 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Rottenberg, Jason 250 Park Avenue South, Suite 360 Winter Park, FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FOUNTAS, CHRISTOPHER 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Fountas, Christopher 250 Park Avenue South, Suite 360 Winter Park, FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TRBOVICH, JOHN 485 NORTH KELLER ROAD, SUITE 100 MAITLAND, FL 32751</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Trbovich, John 250 Park Avenue South, Suite 360 Winter Park, FL 32789</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Jennifer Dunham 01.04.07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407.838.1400