2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Suite, Apt. #, etc. Suite, Apt. #, etc. O3192003 Chg-P CR2E034 (10/03) City & State City & State City & State 4. FEI Number 65-0088196 Not Applied For Not Applicable To Country See Required See Required Name Name Name	DOCUMENT # K49272 1. Entity Name VENTUREON, INC.									DIV	SECRETAR VISION OF	CORPOR.	ATIONS
Suite. Apt. 8, etc. City A State City State City State City State City A State City State State Country Country Country Country Country Country State Country	4406 EXCHAI	nge ave		4 ‡	9001 SANTA BARBAR #163		1		4 (11/11/1 1/11 - 11 /1				
City & State City & State City & State City & State Country Zip	2. Principal Place of Business 3. Mailing Address												
Special Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Re	Suite, Apt.	#, etc.			Suite, Apt. #, etc.				03192003	Chg-P	CR2E0	34 (10/03)	
S. Name and Address of Cornect Registered Agent 7. Name and Address of New Registered Agent AVERS, KIM 26740 SWEET BAY LANE BONITA SPRINGS, FL 34135 City City FL Zip Code 8. The above named only 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 Amended AR is \$81.25 9. Election Compstign Financing Trust Fund Contribution. Amended AR is \$81.25 9. Election Compstign Financing Trust Fund Contribution. Amended AR is \$81.25 19. Election Compstign Financing Trust Fund Contribution. AMEN AGENT Fund Shart Address of New Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Amended AR is \$81.25 9. Election Compstign Financing Trust Fund Contribution. AMEN AGENT Fund Shart Fund Shart Agent Fund Fund Fund Fund Fund Fund Fund Fund	City & State				City & State				•				· · · · · · · · · · · · · · · · · · ·
AVERS, KIM 28740 SWEET BAY LANE BONITA SPRINGS, FL 34135 City FL Zip Code City FL Zip Code City FL Zip Code 6. 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 hamfler with, and accept the obligations of registered agent, or both, in the State of Florida. I am hamfler with, and accept the obligations of registered agent. SiGNATUFE Amended AR is \$61.25 9. Election Campaign Financing Frust Fund Contribution. 9. Election Company Financing Frust Fund Contribution. 9. Election Company Financing Frust Fund Contribution. 9. Election Campaign Financing Frust Fund Fund Fund Fund Fund Fund Fund Fund	Zip		Country		Zip	Coun	itry		5. Certificate	of Status Desired			
Street RAV LANE BONITA SPRINGS, FL 34135 City FL Zip Code 6. 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, hydrol or present amount inquitered agent and tire 4 spokesor. Amended AR is \$61.25 City FL Zip Code 6. 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. POP		6. Nam	e and Address	of Current Regis	stered Agent	·	Name	- :	7. Name and	Address of Nev	v Registered A	\gent	
BONITA SPRINGS, FL 34135 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Amended AR is \$81.25 9. Election Campaign Financing Trust Fund Commitmation. \$5.00 May Be Added to Fees Trust Fund Commitmation. \$6.00 May Be Added to Fees Trust Fund Commitmation. \$6.00 May Be Added to Fees Trust Fund Commitmation. \$6.00 May Be Added to Fees Trust Fund Commitmation. \$6.00 May Be Added to Fees Trust Fund Commitmation. \$6.00 May Be Added to Fees Trust Fund Commitmation. \$6.00 May Be Added to Fees Trust F	AYERS, KIM												
B. 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. Compared Section 1							Color Marion (18. Section 18.						
B. 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. Compared Section 1	į.						City					Zip Cod	e
SIGNATURE: Change	O The shave		he subspite this	totament for the	overene of changing it	n romintor	l	rogistor	and agent, or bo	th in the State of			
TITLE NAME NAME SITERI ADDRESS CITY-SI-2P NAPLES, FL 34104 TITLE VSD NAPLES, RUTH E NAME SITERI ADDRESS CITY-SI-2P NAPLES, FL 34104 TITLE VSD NAPLES, FL 34104 TITLE NAME SITERI ADDRESS CITY-SI-2P NAPLES, FL 34109 TITLE NAME SITERI ADDRESS CITY-SI-2P NAPLES, FL 34109 TITLE NAME SITERI ADDRESS CITY-SI-2P NAPLES, FL 34119 TITLE NAME SITERI ADDRESS CITY-SI-2P NAPLES, FL 34117 TITLE NAME SIT			**************************************	egistered agent and title	9. Election Campa	aign Fina	ncing	\$5.	.00 May Be led to Fees				
NAME SITERT ADDRESS CITY-ST-ZIP TITLE VSD AYERS, RUTH E WAME SITERT ADDRESS CITY-ST-ZIP TITLE SITERT ADDRESS CITY-ST-ZIP TO Change Addition Addition ADDRESS CITY-ST-ZIP TO Change Addition ADDRESS CITY-ST-ZIP Change ADDRE		ртр	OFF	CERS AND DIRE	····	_		l c	ADDITIONS,	CHANGES TO C	OFFICERS AND	`	
AYERS, RUTH E STRET ADDRESS INAPLES, FL 34104 TILE NAME STRET ADDRESS INTER ADDRESS NAPLES, FL 34104 TILE NAME STRET ADDRESS STRET ADD	NAME Street Adoress	AYERS, KIM A 4001 SANTA BARBARA BLVD. #163 NAPLES, FL 34104					AE . EET ADDRESS	S	5	0003	7949		
NAME STRET ADDRESS CITY-ST-ZP TITLE NAME STRET ADDRESS CITY-ST-ZP NAPICAL S	NAME Street adoress	AYERS, 4001 SA	NTA BARBAR	A BLVD. #163	K KDelete	NAA STR	ae Eet adoress		06/1	5/0401	015007	'□s>spi	, PLI Addition
TITLE NAME NAME STREET ADDRESS S	NAME Street Address			. جمع	☐ Delete	NAA Str	AE EET ADORESS	Ayer 8471	l Íbis C	ove Circl	Le	Change	★ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete S	NAME STREET ADDRESS				☐ Delete	NAA STR	AE EET AODRESS	V Ratz 3770	z, Diana) 8th Ave	L. enue S.E.	•	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 busice 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 ab address, with all other like empowered. SIGNATURE: 5/28/04 (239) 643-2144	NAME Street adoress	i,			☐ Delete	NAM STR	ME REET ADDRESS		<u> </u>			Change	☐ Addition
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 abaddress, with all other like empowered. 5/28/04 (239) 643-2144	NAME Street address	4 4 4 -			☐ Delete	NA/ STR	ME REET ADDRESS					☐ Change	☐ Addition
SIGNATURE:	12. I hereby indicated of the co-	certify that to don this rep rporation or l, or on an a	he information s ort or suppleme the receiver or ttachment with a	upplied with this rital report is true rustee empowers in address, with a	filing does not qualify if and accurate and that ed to execute this repo all other like emplowere	or the exe t my signa rt as requ d.	emption sta ature shall h iired by Cha	ted in So lave the apter 60	same tegal erre 7, Florida Statut	ct as it made und es; and that my r	ner oatn; tnat t name appears i	am an onice in Block 10 d	r or director or Block 11 if
	SIGNAT	TURE:	SIGNATORE A	ND TYPED OR PRINTE	ED NAME OF SIGNING OFFICE	ROH DIREC	TOR		5/28				

LAW OFFICES

BUDD BENNETT & MACIA

3033 RIVIERA DRIVE SUITE 201 Naples, Florida 34103-2750

DAVID G., BUDD

ADMITTED IN FLORIDA

RICHARD K. BENNETT

ADMITTED IN FLORIDA

ALBERTO A. MACIA

ADMITTED IN FLORIDA AND MINNESOTA

TELEPHONE 239.263.7700
FACSIMILE 239.263.0998
EMAIL BBM@NAPLESFLORIDALAW.COM
WEBSITE NAPLESFLORIDALAW.COM

May 28, 2004

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: Ventureon, Inc.

Our File No.: 1558/02

Dear Sirs:

Enclosed find 2004 For Profit Corporation Amended Annual Report for the above corporation, together with check payable to Florida Department of State in the amount of \$61.25 for the filing fee.

Thank you.

Sincerely,

Albe⁄rto A. Macià

Enclosure

AAM/cmf/forms/Ventureon Amended Annual Report