2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: _

Apr 06, 2005 8:00 am Secretary of State DOCUMENT # L10304 04-06-2005 90094 009 ***150.00 CONSOLIDATED VENTURES, INC. Principal Place of Business Mailing Address 100 RIVERSIDE DR 100 RIVERSIDE DR #706 #706 COCOA, FL 32922 COCOA, FL 32922 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2964621 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VILARDEBO, ANGELINA N Street Address (P.O. Box Number is Not Acceptable) 100 RIVERSIDE DR COCOA, FL 32922 City 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. Signature, typed or printed hame of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HH ☐ Delete MIE ☐ Change ☐ Addition VILARDEBO, ANGELINA N. NAME NAME: STREET ADDRESS 100 RIVERSIDE DR #706 STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY-ST-702 ШÆ ☐ Delete TITLE ☐ Change ☐ Addition VILARDEBO, CHARLES K NAME NAME STREET ADDRESS 100 RIVERSIDE DR #706 STREET ADDRESS CITY-ST-ZIP COCOA, FL 32922 CITY - ST - ZIP TILLE ☐ Delete IIILE ☐ Change ☐ Addition NAME VILARDEBO, KENNETH M. NAME STREET ADDRESS 435 SHERWOOD AVE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH, FL CITY-ST-78P MIE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-782 CITY-ST-ZIP TITLE - Delete TITLE _ Change _ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-7IP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this tiling 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 comporation 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 attactment with an address, with all other like empowered.

FILED