


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90006 048 \*\*\*150.00

**DOCUMENT # L10304**

1. Entity Name  
**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

Sulte, Apt. #, etc.      Sulte, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**40044777**



01072006      Chg-P      CR2E034 (11/05)

4. FEI Number  
**59-2964621**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**VILARDEBO, ANGELINA N**  
**100 RIVERSIDE DR**  
**COCOA, FL 32922**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	VILARDEBO, ANGELINA N.	
STREET ADDRESS	100 RIVERSIDE DR #706	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILARDEBO, CHARLES K	
STREET ADDRESS	100 RIVERSIDE DR #706	
CITY-ST-ZIP	COCOA, FL 32922	
TITLE	D	<input type="checkbox"/> Delete
NAME	VILARDEBO, KENNETH M.	
STREET ADDRESS	435 SHERWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vilardebo, Kenneth M.	
STREET ADDRESS	292 Lanterback Island Dr.	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Angelina N. Vilardebo      4-3-2006      (321)433-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Define Phone #

**ANGELINA N. VILARDEBO**