## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State DOCUMENT # M79036** 01-23-2006 90101 002 \*\*\*150.00 1. Entity Name C VENTURE, INC. Principal Place of Business Mailing Address % STEPHEN H. CYPEN % STEPHEN H. CYPEN 825 ARTHUR GODFREY ROAD 825 ARTHUR GODFREY ROAD MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 2. Principal Place of Business 3. Madling Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0045457 Not Applicable Zîp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CYPEN, STEPHEN H. Street Address (P.O. Box Number is Not Acceptable) **825 ARTHUR GODFREY ROAD** MIAMI BEACH, FL 33140 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 BERT G. GORDON SIGNATURE. of agent and tile it applicable (NOTE: Registered Agent signature required when renetating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TOLE ☐ Detete IIILE ☐ Chance ☐ Addition ENTENMANN, CHARLES MHS 825 ARTHUR GODFREY ROAD STREET ADDRESS STREET AUDRESS CTTY-ST-ZDP MIAMI BEACH, FL CTTY - ST - ZIP nvs XXDefete ETTI E TITLE ☐ Change ■ Addition NAME ENTENMANN, NANCY NAME STREET ADDRESS 825 ARTHUR GODFREY ROAD STREET ADDRESS MIAMI BEACH, FL (2TY-ST-23P C874-ST-202 MLE □ Delete TIRLE ☐ Change ☐ Addition GORDON, BERT **68 MAPLE AVE.** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BAY SHORE, NY CITY-ST-ZIP TIME C Detek mn F ☐ Change X Addition HALE NAME Entenmann, Charles W. STREET ADDRESS STREET ADDRESS 68 Maple Avenue CITY-ST-ZIP CITY-ST-ZIP Bay Shore, NY 11706 TITLE ☐ Delete TILLE ☐ Chance ☐ Addition MARK STREET ADDRESS STREET ADDRESS CITY - ST - 739 CITY-ST-ZIP Delete TITLE TTD F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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. BERT G. GORDON

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jan 23, 2006 8:00 am

<u>631-666-3025</u>