

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 02, 2005
Secretary of State**

DOCUMENT# N95000002789

Entity Name: SOCIAL VENTURES FUND, INC.

Current Principal Place of Business:

188 BAYVIEW ROAD
DOVER, NH 03820

New Principal Place of Business:

Current Mailing Address:

188 BAYVIEW ROAD
DOVER, NH 03820

New Mailing Address:

FEI Number: 65-0597238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, RENNO L
1800 SECOND STREET
SUITE 755
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORMAN, PETER DEVRIES
Address: 56 PALMER STREET
City-St-Zip: ARLINGTON, MA 02474

Title: D () Delete
Name: NORMAN, SUSAN E
Address: 188 BAYVIEW ROAD
City-St-Zip: DOVER, NH 03820

Title: D () Delete
Name: BLUMENTHAL, ANNIKA M
Address: 188 BAYVIEW RD
City-St-Zip: DOVER, NH 03820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN NORMAN

D

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date