2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000032045

Entity Name: AVN ENTERPRISES, INC.

FILED Apr 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4200-J TAMIAMI TR.

PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

P.O. DRAWER 511447 PUNTA GORDA, FL 339511447 PO BOX 772504 OCALA, FL 34477

FEI Number: 65-0995051 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HACKETT, JACK O II DONNA, BRYANT M 115 W. OLYMPIA AVE. 20391 LADNER AVE

PUNTA GORDA, FL 33951 US PORT CHARLOTTE, FL 33954 US

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: DONNA MARIE BRYANT 04/01/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST () Delete Title: PD (X) Change () Addition

Name:LYROLSAY, KIMBERLYName:TAYLOR, SHELLEYAddress:6962 BLACKBERRY ST.Address:PO BOX 380040

City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: MURDOCK, FL 339380040

Title: VP () Delete Title: () Change () Addition

 Name:
 BRYANT, DONNA MARIE
 Name:

 Address:
 20391 LADNER AVE
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33954
 City-St-Zip:

Title: PD (X) Delete Title: () Change () Addition

 Name:
 TAYLOR, SHELLEY
 Name:

 Address:
 P.O BOX 380040
 Address:

 City-St-Zip:
 MURDOCK, FL 339380040
 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MARIE BRYANT VP 04/01/2005