


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P00000040031</b>		
1. Entity Name PEAVEY VENTURES, INC.		
Principal Place of Business 2302 W. 69TH TERRACE MISSION HILLS, KS 66208	Mailing Address 2302 W. 69TH TERRACE MISSION HILLS, KS 66208	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  PEAVEY, ZANE 5750 MIDNIGHT PASS ROAD UNIT 410 BLDG E GULF AND BAY CLUB SARASOTA, FL 34242		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u>Zane Peavey</u> <u>Zane Peavey</u> (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
<b>FILE NOW!!! FEE IS \$180.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		U000000909632 05/06/08-80078-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEAVEY, ZANE 2302 W 64TH TERR MISSION HILLS, KS 66208	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEAVEY, BUCK 6501 BELINDER RD MISSION HILLS, KS 66208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEAVEY, SKIP 11911 PAWNEE LANE LEAWOOD, KS 66209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Zane Peavey</u> <u>Zane Peavey</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-12-08</u> Daytime Phone #: <u>913 677 9035</u>