
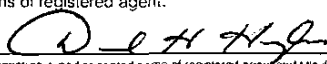
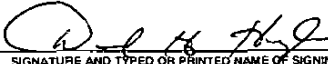


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90038 010 ***150.00

DOCUMENT # P00000107403 1. Entity Name HUGHES VENTURE, INC.					
Principal Place of Business ONE HUGHES WAY ORLANDO, FL 32805-2205 US			Mailing Address P.O. BOX 568065 ORLANDO, FL 32856-8065 US		
2. Principal Place of Business 1411 EDGEWATER DRIVE		3. Mailing Address P.O. BOX 568065			
Suite, Apt. #, etc. SUITE 100		Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3694348	
Zip 32804		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32804		Country USA		6. Name and Address of Current Registered Agent HUGHES, DAVID H ONE HUGHES WAY ORLANDO, FL 32805-2205	
7. Name and Address of New Registered Agent Name HUGHES, DAVID H. Street Address (P.O. Box Number is Not Acceptable) 1951 FORREST ROAD City WINTER PARK FL Zip Code 32789		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 		DAVID H. HUGHES 1-27-06			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P HUGHES, RUSSELL V 2035 COMPANERO AVE. ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HUGHES, VINCENT S 560 IVANHOE PLAZA ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HUGHES, DAVID H 1951 FORREST ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HUGHES, VINCENT S 560 IVANHOE PLAZA ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS HUGHES, DAVID H 1951 FORREST ROAD WINTER PARK, FL 32789	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HUGHES, VINCENT S 560 IVANHOE PLAZA ORLANDO, FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V HUGHES, VINCENT S 560 IVANHOE PLAZA ORLANDO, FL 32804	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 		DAVID H. HUGHES 1-27-06 407-822-2209			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			