2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001002

7741 NORTHTREE WAY

LAKE WORTH, FL 33467

Address: City-St-Zip: FILED Mar 29, 2004 Secretary of State

Entity Name: PROSPERITY VENTURES, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	ISON WILSON ALM BEACH, F				
Current Mailing Address:			New Mailing Address:		
	ISON WILSON ALM BEACH, F				
FEI Number: 65-1061610		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE SUITE 1100 WEST PALM BEACH, FL 33401 US					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	KLEILA, JUDE 11181 ELLISON	Delete T I WILSON ROAD BEACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STRASSEL, WI	Delete LLIAM T I WILSON ROAD BEACH, FL 33408	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S/T () KLEILA, LINDA	Delete J	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LINDA KLEILA S/T 03/29/2004