· 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 12, 2008 08:00 AM DOCUMENT # P01000043418 1. Entity Name **Secretary of State** NG VENTURE, INC. Principal Place of Business Mailing Address 282 PALM AVE. MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1104655 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NG, ANGELA 282 PALM AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 City Zip Code 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 ______ Signature, typed or critical name of registriod injurit and tille Transferable fNOTE. Registered Agont a smalure renuired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT: F D Delete TITLE ☐ Change Addition NG, ANGELA NAME NAME U00000856206 STREET ADDRESS 282 PALM AVE. STREET ADDRESS 03/28/08-80002-020 150.00 CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP TIT: F □ Derete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP TITLE ☐ Derete ☐ Change THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Délete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IF CITY-ST-ZIP TIT: F ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zi2 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

NTERNAME OF SIGNING OFFICER OR DIRECTOR