2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # P01000082402 03-08-2004 90036 027 ***158.75 1. Entity Name E.E. VENTURES, INC. Mailing Address Principal Place of Business 3251 PROGESS DR 3251 PROGESS DR SUITE B SUITE B ORLANDO, FL 32826 ORLANDO, FL 32826 3. Mailing Address 2. Principal Place of Business CR2E034 (10/03) Suite, Apt. #, etc. 02232004 Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 59-3746290 \$8.75 Additional Country 5. Certificate of Status Desired Žio. Country Fee Required Zip 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCKAIGE III, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 11148 POINT SYLVAN CIR APT H ORLANDO EL 32825 Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. DATE (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition Change 10. TITI F Delete Mckaige III, George T THE NAME MCKAIGE III, GEORGE T 41 85 Hickory Lake C+ NAME STREET ADDRESS 11148 POINT SYLVAN CIR APT H STREET ADDRESS Titusville, FL 32780 CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP Addition TITLE Bradshaw, Christina R Delete TITLE NAME 343 La Paz Drive CARUSO, CHRISTINA R STREET ADDRESS 11148 POINT SYLVAN CIR APT H STREET ADDRESS Kissimmee, FL 34743 CITY-ST-ZIP ORLANDO, FL 32825 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change. ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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. PRINTED HAME OF SIGNING OFFICER OR DIRECTOR) ALEOTA THOMAS McKaige III 2 Mar 04 SIGNATURE:

FILED