## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000082402

1. Entity Name E.E. VENTURES, INC.

FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business

3251 PROGESS DR SUITE B ORLANDO, FL 32826 Mailing Address

3251 PROGESS DR

SUITE B

DO NOT WRITE IN THIS SPACE

ORLANDO, FL 32826



01102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3746290

Applied For Not Applicable

5. Certificate of Status Desired

\$8 Fe

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKAIGE, GEORGE T III 4185 HICKORY LAKE CT TITUSVILLE, FL 32780

## DO NOT WRITE IN THIS SPACE

					´ <b> </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 Signature upped of printed name of registered agent and title if applicable (NOTE. Registered A			Agent signature required when reinstating)		DATE	
FiL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance     Trust Fund Contribution.	eing 🗆	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					The state of the s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKAIGE III, GEORGE T 4185 HICKORY LAKE CT. TITUSVILLE, FL 32780					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRADSHAW, CHRISTINA R 343 LA PAZ DR. KISSIMMEE, FL 34743			//00000386000 01/18/06-80039-015 158.75		
TITLE	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					

## DO NOT WRITE IN THIS SPACE

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

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:

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

CITY-ST-ZIP

10 Jan 2006

407 737 7887