


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90240 004 \*\*\*150.00

<b>DOCUMENT # P02000015503</b> 1. Entity Name <b>LA VENTURE, INC.</b>					
Principal Place of Business <b>9882 W. LINEBAUGH AVE. TAMPA, FL 33626</b>			Mailing Address <del>3032 JODI LANE</del> <del>PALM HARBOR, FL 34684</del>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>9882 W Linebaugh Ave</b>  Suite, Apt. #, etc.			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>		4. FEI Number <b>01-0613001</b>	
Zip <b>33626</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALI, KIMBERLY 3032 JODI LANE PALM HARBOR, FL 34684</b>				7. Name and Address of New Registered Agent Name <b>George Lefevre</b> Street Address (P.O. Box Number is Not Acceptable) <b>9882 W. Linebaugh Ave</b> City <b>Tampa</b> State <b>FL</b> Zip Code <b>33626</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 <i>George Lefevre</i> <i>[Signature]</i> <b>3/22/06</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEFEVRE, GEORGE <del>40409 APPLGROSS LANE</del> TAMPA, FL 33626	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFEVRE, PATRICIA S <del>40409 APPLGROSS LANE</del> TAMPA, FL 33626	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALI, KIMBERLY 3032 JODI LANE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALI, SHAFKAT 3032 JODI LANE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, BUDDY J 2109 PALM AVE. SUITE 203 TAMPA, FL 33605	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFEVRE, PATRICK <del>40409 APPLGROSS LANE</del> TAMPA, FL 33626	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFEVRE, PATRICK <del>40409 APPLGROSS LANE</del> TAMPA, FL 33626	<input type="checkbox"/> Delete <input checked="" 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: <i>[Signature]</i> <b>3/22/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					