


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 08:00 AM
Secretary of State


DOCUMENT # P02000017572

1. Entity Name
ANNODIVAD VENTURE GROUP, INC.



| | |
|---|--|
| Principal Place of Business 18480 PAULSON DR. B-4 PORT CHARLOTTE, FL 33954 US | Mailing Address 18480 PAULSON DR SUITE B4 PORT CHARLOTTE, FL 33954 |
|---|--|

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 45-0471503 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KALLNISCHKIES, D. E
 18415 AVON AVE.
 PORT CHARLOTTE, FL 33948**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KALLNISCHKIES, DONNA 18415 AVON AVE. PORT CHARLOTTE, FL 33948 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D AQUILA, DAVID J 155 MORGAN LANE PORT CHARLOTTE, FL 33952 |
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 06/12/07-90003-023 /50.00

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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 *Donna Kallnischkies* _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR