


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000024737 1. Entity Name HABITAT VENTURES, INC.	
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Principal Place of Business 11985 SOUTHERN BLVD #190 ROYAL PALM BEACH, FL 33411	Mailing Address 11985 SOUTHERN BLVD #190 ROYAL PALM BEACH, FL 33411
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03012003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4243088	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMPERT, JEFFREY B 590 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. 05/10/04-80025-017-150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEINEMA, STEPHEN J 11985 SOUTHERN BLVD #190 ROYAL PALM BEACH, FL 33411
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IN THIS SPACE**

U00000159346
05/10/04-80025-017 150.00

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.

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/30/04 Date	Daytime Phone: _____
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