

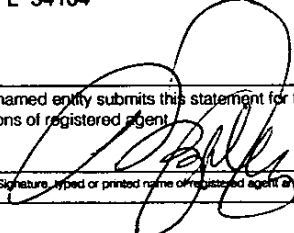
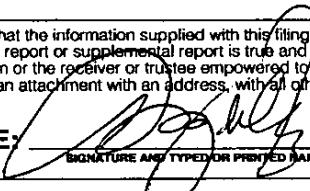


**2005 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90066 040 ***150.00

DOCUMENT # P02000133934 1. Entity Name SOUTHWEST VENTURES INC.							
Principal Place of Business 3915 ARNOLD AVENUE NAPLES, FL 34104		Mailing Address 3915 ARNOLD AVENUE NAPLES, FL 34104 7565 Meadow Lakes Naples, FL 34104					
		<div style="text-align: right;">PR #5</div> 					
		04132005 No Chg-P CR2E034 (10/03)					
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 33-1036136</td> <td style="width: 20%;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 33-1036136	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 33-1036136	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent GONZALEZ, LAURA 7565 MEADOW LAKES DR. #3 COLLIER, FL 34104							
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: 4-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE	P						
NAME	GONZALEZ, LAURA						
STREET ADDRESS	7565 MEADOW LAKES #3						
CITY - ST - ZIP	NAPLES, FL 34104						
TITLE	S						
NAME	GONZALEZ, LAURA						
STREET ADDRESS	7565 MEADOW LAKES #3						
CITY - ST - ZIP	NAPLES, FL 34104						
TITLE	T						
NAME	GONZALEZ, LAURA						
STREET ADDRESS	7565 MEADOW LAKES #3						
CITY - ST - ZIP	NAPLES, FL 34104						
TITLE							
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STREET ADDRESS							
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TITLE							
NAME							
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.							
SIGNATURE:  Laura Gonzalez 4-21-05 821-6307 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>					