


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90194 043 \*\*\*158.75

<b>DOCUMENT # P03000005813</b>	
<b>1. Entity Name</b> VENTURE ONE INVESTMENTS, INC.	

<b>Principal Place of Business</b> 1615 NW 1ST AVENUE HOMESTEAD, FL 33034	<b>Mailing Address</b> 1615 NW 1ST AVENUE HOMESTEAD, FL 33034
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<b>2. Principal Place of Business - No P.O. Box #</b> 1615 NW 1st Ave	<b>3. Mailing Address</b> 1615 NW 1st Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Florida City, FL	<b>City &amp; State</b> Florida City, FL
<b>Zip</b> 33034	<b>Zip</b> 33034
<b>Country</b> USA	<b>Country</b> USA

04202007 Chg-P CR2E034 (12/06)

<b>4. FEI Number</b> 65-1168533	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PD <b>NAME</b> CLAYTON, LOVEY <b>STREET ADDRESS</b> 1615 NW 1ST AVE. <b>CITY-ST-ZIP</b> FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> BRANCH, EVANS III <b>STREET ADDRESS</b> 1615 NW 1ST AVE. <b>CITY-ST-ZIP</b> FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> WALLACE, OTIS <b>STREET ADDRESS</b> 1615 NW 1ST AVE. <b>CITY-ST-ZIP</b> FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> WELSH, MICHAEL O <b>STREET ADDRESS</b> 1615 NW 1ST AVE <b>CITY-ST-ZIP</b> FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> CARPENTER, WILLIE L <b>STREET ADDRESS</b> 1615 NW 1ST AVE. <b>CITY-ST-ZIP</b> FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input 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:** Clayton Lovey Clayton 305 248 2532 (305) 248-2532  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #