

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90014 049 ***150.00

DOCUMENT # P03000007789

1. Entity Name
ALL BUSINESS VENTURES, INC.



Principal Place of Business
**20423 S R 7 #F6-530
BOCA RATON, FL 33498**

Mailing Address
**20423 S R 7 #F6-530
BOCA RATON, FL 33498**



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2076540	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~LIBOW, ALLEN~~ **LAWRENCE SIMMONS**
~~1200 N FEDERAL HWY STE 301~~ **20423 S R 7 #FL-530**
~~BOCA RATON, FL 33432~~ **33498**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMMONS, LAWRENCE
STREET ADDRESS	20423 S R 7 #F6-530
CITY - ST - ZIP	BOCA RATON, FL 33498

TITLE	D
NAME	SIMMONS, LORIE
STREET ADDRESS	20423 S R 7 #F-530
CITY - ST - ZIP	BOCA RATON, FL 33498

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Lawrence F. Simmons* *LORIE F. Simmons* 7/6/06 561-470-1924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #