


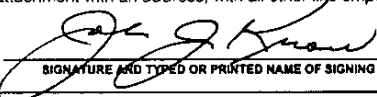


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90104 011 ***150.00

DOCUMENT # P03000056829 1. Entity Name GIERINGER VENTURES, INC.					
Principal Place of Business 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108			Mailing Address 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # Porter Wright Morris Arthur Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300 City & State Naples, FL Zip 34108		3. Mailing Address Porter Wright Morris Arthur Suite, Apt. #, etc. 5801 Pelican Bay Blvd #300 City & State Naples, FL Zip 34108			
4. FEI Number 01212008		Chg-P CR2E034 (12/06)		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 FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108	
7. Name and Address of New Registered Agent Name Porter Wright Morris & Arthur LLP Street Address (P.O. Box Number is Not Acceptable) 5801 Pelican Bay Blvd., Suite 300 City Naples		FL		Zip Code 34108	
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: 		Robert J. Stommel		DATE: 4/18/08	
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 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KRON, JOHN J 7320 THOMPSON ROAD CINCINNATI, OH 45247	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: 		John J. Kron		Date: 3/1/08	
Signature, typed or printed name of signing officer or director		Date		Daytime Phone #	