

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054938

Entity Name: 2ND VENTURE, INCORPORATED

FILED
Jul 31, 2005
Secretary of State

Current Principal Place of Business:

4869 BIMINI ROAD
TEQUESTA, FL 33469 US

Current Mailing Address:

4869 BIMINI ROAD
TEQUESTA, FL 33469 US

New Principal Place of Business:

1939 SUMMER CLUB DRIVE
APT# 115
OVIEDO, FL 32765 US

New Mailing Address:

1939 SUMMER CLUB DRIVE
APT# 115
OVIEDO, FL 32765 US

FEI Number: 41-2136134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWOPE, SCOTT P J.D.
2450 SUNSET POINT ROAD
SUITE D
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,T () Delete
Name: NOYES, TIMOTHY A
Address: 4869 BIMINI ROAD
City-St-Zip: TEQUESTA, FL 33469 US

Title: VP,S () Delete
Name: NOYES, KIMBERLY E
Address: 4869 BIMINI ROAD
City-St-Zip: TEQUESTA, FL 33469 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,T (X) Change () Addition
Name: NOYES, TIMOTHY A
Address: 1939 SUMMER CLUB DRIVE APT#115
City-St-Zip: OVIEDO, FL 32765 US

Title: VP,S (X) Change () Addition
Name: NOYES, KIMBERLY E
Address: 1939 SUMMER CLUB DRIVE APT#115
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY A NOYES

P,T

07/31/2005

Electronic Signature of Signing Officer or Director

Date