FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 19, 2006 8:00 am Secretary of State DOCUMENT #P040000 73330 04-19-2006 90096 028 ***150.00 Planet Ventures, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business RDAVE 3. Mailing Address Chan 28645 SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Boca Raton, Applied For ton Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Spiegel & Utrera, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 1840 Coral Way, 4th Floor Miami 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 little if applicable January 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. CR2E034B (12/02) IIII F MLE michael E. Robert NAME NAME 7045 N.W. 3RDAVE BOGO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADORESS STY/ST-ZIP STREET ADDRESS CITY-ST-ZIP MLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP mu TILLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TIME. TILLE

12. I hereby certify that the information supplied with this filing does not qualify ten 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 apartial 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 on an attachment with an address, with all other the empowered.

NAM/F

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED