

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000094578

Entity Name: CCMG VENTURES, INC.

FILED
Feb 26, 2006
Secretary of State

Current Principal Place of Business:

4215 CARTNAL AVENUE
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

4215 CARTNAL AVENUE
TAMPA, FL 33618

New Mailing Address:

FEI Number: 42-1636285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINOCCHETTI, DAVE
4215 CARTNAL AVENUE
TAMPA, FL 33618 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GINOCCHETTI, DAVE
Address: 4215 CARTNAL AVENUE
City-St-Zip: TAMPA, FL 33618

Title: S () Delete
Name: LASIEWSKI, MICHAEL
Address: 16232 RAMBLING VINE DR WEST
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: SHOVLIN, PAUL
Address: 601 TROPICAL BREEZE WAY
City-St-Zip: TAMPA, FL 33602

Title: T () Delete
Name: DIORIO, JOE
Address: 1308 DESOTO AVENUE #7
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SHOVLIN, PAUL
Address: 18847 NEW PASSAGE BLVD.
City-St-Zip: LAND O' LAKES, FL 34638

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVE GINOCCHETTI

P

02/26/2006

Electronic Signature of Signing Officer or Director

Date