
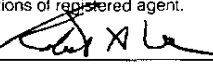
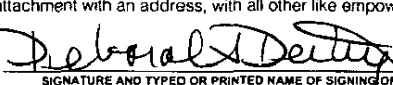


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90411 028 \*\*\*150.00

<b>DOCUMENT # P04000132892</b> 1. Entity Name <b>LAKE WORTH VENTURES INC.</b>			
Principal Place of Business <b>3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406</b>		Mailing Address <b>3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406</b>	
2. Principal Place of Business - No P.O. Box # <b>465 Orrick Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>465 Orrick Lane</b> Suite, Apt. #, etc.	
City & State <b>Greeneville, TN</b> Zip <b>37743</b> Country		City & State <b>Greeneville, TN</b> Zip <b>37743</b> Country	
4. FEI Number <b>20-1673095</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DENTRY, DEBORAH A 3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406</b>		7. Name and Address of New Registered Agent Name <b>Robert A Lee</b> Street Address (P.O. Box Numbers Not Acceptable) <b>6950 Cleary Pine Trail</b> City <b>WPalm Beach</b> <b>FL</b> Zip Code <b>33413</b>	
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  <b>Robert A Lee</b> DATE <b>4/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 DENTRY, DEBORAH A 3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	465 Orrick Lane Greeneville, TN 37743 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, ROBERT A 3540 FOREST HILL BLVD. #203 WEST PALM BEACH, FL 33406 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6950 Cleary Pine Tr WPalm Beach FL 33413 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete	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:  <b>Deborah A Dentry</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/24/08</b> Daytime Phone # <b>5614334810</b>	