

2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 19, 2005
Secretary of State**

DOCUMENT# P04000168092

Entity Name: KARYM VENTURES, INC.

Current Principal Place of Business:

829 NW 55TH ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

PO BOX 370627
MIAMI, FL 33137

New Mailing Address:

FEI Number: 06-1736848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, MARION A ESQ
200 S BISCAYNE BLVD STE 2680
MIAMI, FL 33131 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: D () Delete
Name: SPENCE-LOWE, YVONNE
Address: 4500 NW BLITCHTON RD
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: SPENCE, KENNETH
Address: 675 NW 56TH ST #504
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SPENCE, RICK
Address: 829 NW 55TH ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SPENCE, ANTHONY
Address: 829 NW 55TH ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: SPENCE-JONES, MICHELLE
Address: 829 NW 55TH ST
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: YVONNE SPENCE-LOWE

D

07/19/2005

Electronic Signature of Signing Officer or Director

_____ Date