2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/8

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Jun 23, 2006 8:00 am
Secretary of State

05-08-2006 90291 038 ***150.00

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02022006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000028191

1. Entity Name
DELAND VENTURES, INC.

Principal Place of Business	Mailing Address
840 WEST NEW YORK AVE SUITE A DELAND, FL 32720	840 WEST NEW YORK AVE SUITE A DELAND, FL 32720

2. Principal Place of Business	3. Mailing Address
302 S WOODLAND BLV	302 S WOODLAND BLV
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.: A.
City & State: DELAND FLA	City & State: DELAND FLA.
Zip: 32720 Country: VOL	Zip: 32720 Country: VOL.

4. FEI Number: 54-2172409 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FLOYD, BRUCE W 840 WEST NEW YORK AVE SUITE A DELAND, FL 32720	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME FELTON, GEOF STREET ADDRESS 129 LAKE CHARLS ROAD CITY-ST-ZIP DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME PROSKINE, JAMES H STREET ADDRESS 765 TEDDERLAKE ROAD CITY-ST-ZIP DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME MEYER, MIKE STREET ADDRESS 225 RIVER RIDGE ROAD CITY-ST-ZIP DELAND, FL 32720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 5-24-06 734-4560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #