2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000045299

Entity Name: F&F VENTURES, INC.

FILED May 04, 2008 Secretary of State

Entity Nai	me: F&F VEN	TURES, INC.					
Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:			
2060 PALM BAY ROAD NE SUITE 3 PALM BAY, FL 32905				925 EASTERWOOD CT SE PALM BAY, FL 32909			
Current M	lailing Addre	ss:	New Mail	New Mailing Address:			
2060 PALM BAY ROAD NE SUITE 3 PALM BAY, FL 32905				925 EASTERWOOD CT SE PALM BAY, FL 32909			
FEI Number	: 57-1219356	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
SUITE 3	AN-LOUIS M BAY ROAD 1, FL 32905 L		925 EAST	JUDE, JEAN-LOUIS 925 EASTERWOOD CT SE PALM BAY, FL 32909 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered	office or registered agent, or b	oth,	
SIGNATUR	RE:			05/04/2008			
	Electro	nic Signature of Registered Age	ent		Date		
Election Car		03(2)(b), F.S., the corporation did no g Trust Fund Contribution(). CTORS:			S TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	PD (CLERVIL, DIE) Delete JJUSTE EE AVENUE SE	Title: Name: Address: City-St-Zip:) Change()Addition		
Title: Name: Address: City-St-Zip:	JEAN-LOUIS,	Y RD - SUITE 3	Title: Name: Address: City-St-Zip:	STD (JEAN-LOUIS, 925 EASTER\ PALM BAY, F	WOOD CT SE		
Title: Name: Address: City-St-Zip:	MOMPREMIER 1321 NW 1ST		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	ST AMOUR, ĴE	I STREET, NW	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D (TOUSSAINT, J 9241 NW 49TH SUNRISE, FL	1 PLACE	Title: Name: Address: City-St-Zip:	TOUSSAINT, . 420 NW 36TH			

I hereby certify that the information supplied with this filing does not qualify 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: JUDE JEAN-LOUIS STD 05/04/2008