

FILED
Jun 26, 2006 8:00 am
Secretary of State


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05-03-2006 90213 003 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000051519

1. Entity Name
 CITY VENTURES INVESTMENT MANAGEMENT, INC.



Principal Place of Business
 3332 AVOCADO DRIVE
 FORT MYERS, FL 33901

Mailing Address
 3332 AVOCADO DRIVE
 FORT MYERS, FL 33901

66020592



2. Principal Place of Business
 1030 Aldecman St.
 Suite, Apt. #, etc.

3. Mailing Address
 6900-29 Daniels Pkwy
 Suite, Apt. #, etc.
 150

04302006 Chg-P CR2E034 (11/05)

City & State
 Fort Myers FL

City & State
 Fort Myers FL

Zip
 33916

Country
 USA

Zip
 33912

Country
 USA

4. FEI Number
 20-2659012

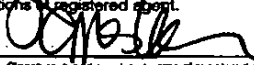
Applied For
 Not Applied

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEESE, JAMES
 3332 AVOCADO DRIVE
 FORT MYERS, FL 33901

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 6900-29 Daniels Pkwy #150
 City
 Fort Myers FL Zip Code
 33912

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, a registered agent.

SIGNATURE  DATE 4/30/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

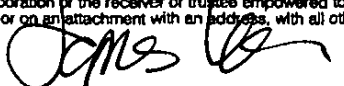
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. <input type="checkbox"/> Delete LEESE, JAMES 3332 AVOCADO DRIVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR. <input type="checkbox"/> Delete TURNS, MICHELE 3332 AVOCADO DRIVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 6900-29 Daniels Pkwy Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 6900-29 Daniels Pkwy Fort Myers FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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, changed, or on an attachment with an address, with all other like empowered.

 , managing member. DATE 4/30/06